M	of infor-	1. PLACE OF DEATH	CERTIFICATE OF DEATH PORATE LIMITS Registration Dist, No.
	sh	Village or City CUMBERLAND (If Length of residence in city or town where death occurred	No. MEMORIAL HOSPTTAL St., 6 - Ward death occurred in a horpital or institution, give its NAME instead of street and number) 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	RD. Every [YSICIANS] statement	2. FULL NAME JAMES F. ADAMS	
		(a) Residence: No. 403 MARYLAND AVENUE (Usual place of abode)	St., Ward. WESTERNPORT, MD. If nonresident give city or town and State
	REC. Pr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
C	LY.	MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH February 10, (Day) (Year)
BINDING	MANED A C T J assified	5a. If married, widowed, or divorced Neoma Cooper (or) WIFE of Leona Cooper	22. 1 HEREBY CERTIFY, That I attended deceased from
NIN NIN	EX EX cl	6. DATE OF BIRTH (month, day, and year) November 26 1885	I last saw he alive on Z. 10 125; deeth is said
		7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 2:00 Pm.
FOR	IS A P stated properl ertifica	49 / 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence ways as Jeffows:
	be st be po of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Railroader 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Oats of onest
RESERVED	ould may back	9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	2 Junion 233
ER		SAW MILL, BANK, etc.	
SS	4 5 5	this occupetion (month end spent in this	
	NFADING I. oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) West Virginia (State or country)	Other Contributory Causes of importance:
ARGIN	UNFA supplied n terms, ee instru		Chrone lendocation -
A		T	2102-0
3	= 0	14. BIRTHPLACE (city or town) West Virginia (State or country)	Name of operation Oete of
4	carefully TH in pla		What test confirmed diegnosis? The Was there an autopsy?
	LY, WI be carefu EATH in p	T	23. If death was due to external causes (VIOLENCE) fill in also the following:
	LY	[State or country] 16. BIRTHPLACE (city or town) West-Virginia	Accident, suicide, or homicide? Date of injury, 19
	PION	17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MARYLAND	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
	shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	E S S	Place Itellery 11 Date 166/3, 1935	Nature of injury
٦, 1		19. UNOERTAKER South	24. Was disease or injury in any wey related to occupation of deceased?
V. S. No. 1	E C	20. FITE Let 11, 19.3.5 Facuer Name	(Signed) (Signed)
Dr	101	Registrar. WILLIAMS If more blanks are needed, address State Registrar,	(Address Live Line) (Address Freet, Baltimore, Requesting U. S. No. 1.
DR	. W. F.	MITHIT WILL	Common Summore, Acquesting V. J. 170. 1.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

Names of deceased and wife changed by letter filed 3-18-35 under Dr. Williams.-L.

STATE OF MARYLAND-CERTIFICATE OF DEATH

OCCUPA

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DEATH

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BINDING

FOR

RESERVED

ARGIN

V. S. No. 1

1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos._____ds. Length of residence in city or town where death occurred. 2. FULL NAME Um Ward. (a) Residence: No. (Usual place of abode) If nonresident give eity or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5e. If married, widowed, or divorced HUSBAND of CERTIEY. That I ettended deceased from 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, at 3 7. AGE Years Months If LESS than proper The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... may back Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc., 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this year) Lans occupation instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? ----- Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city of town). (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury emeley Date. Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. L

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y 8	g A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

CIA	I
CI	A

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

JARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH AND WITHIN OOR	PORATE LIMITE (1)
County Allers any	Registration Dist. No.
Village or City Cumbril and Jud.	No. 30g h. Center St. St., 2 Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred the hospital or institution, give its NAME instead of street and number) by the word of the hospital or institution, give its NAME instead of street and number) contact the hospital or institution, give its NAME instead of street and number) contact the hospital or institution, give its NAME instead of street and number)
2. FULL NAME Of tolkow allen	
7.01.1/1	
(a) Residence: No. 209. L. Centra At. (Usual place of abode)	St., 2. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH And the second of the sec
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
Al	725. 17 ,1933 , to ,19
6. DATE OF BIRTH (month, day, and year) 12/5. 11, 1932 7. AGE Years Months Days I If LESS than	I last saw h aliva on a fell barel 19 ; death is sai
I day,hrs	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Syllour or min.	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER,	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
SAWYER, BOOKKEEPER, etc.	- (rlug fur to (2 houtas)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	
1 /2 /	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
1 70 00 100	
	Name of a carbin 2 and 8
(State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? Asset the confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Chine Jugathe Duraett 16. BIRTHPLACE (city or town) Keng Ser	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Region College Control (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place 30911 Contra H Date Helle 17, 1935	Mannar of injury
19. UNDERTAKER Those afflying	24. Was disease or injury in any way related to occupation of decaased?
(Address) Grandelland, Med.	If so, specify
20. FILED Tille 17, 1935 Thrang N Muns	(Signed) Chithur to type M. (Address) to a diller to 3 to
Registrar.	(Audiess) 1 22 - 21 - Ogent VII] - O. V.

B.-WRITE PLAINLY,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

BINDING

FOR

ARGIN RESERVED

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Example II		
se of death and related causes e as follows:	Date of onset	
	1 week ago	
r	1 week ago	
	3 days ago	
causes of importance:	1 year	

(Address)

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01305
1. PLACE OF DEATH	
County Allegary WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Company	No. Allegrame Into Aitales & Word
Length of residence to city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) 22s. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mary & area Base	yrsmosds.
(a) Residence: No. // Eash Frash	a (= 2 W.
(Usual place of abode)	St., 6 -2-Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) (Month) (Dev) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	(100.7)
(or) WIFE of	22. HEREBY CERTIFY, That I ettended decessed from 1925, to 1925
6. DATE OF BIRTH (month, dey, end yeer) 19 1928	I lest saw here elive on 7 2 6 , 1926; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, et 2.20 Pm.
6 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Messangilis (Thermorecens) 15-35
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) _ Carrollesland ()	Other Contributory Causes of importance:
(Stete or country) Ind	La Grepho : 333
13. NAME Chrs. Bannan	
13. NAME Chas, Eauman. 14. BIRTHPLACE (city or town) Rada (Stete or country)	Neme of operation Date of West here on autonov?
15. MAIDEN NAME Edith In Curringhand	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME South In Curryingham	Accident, suicide, or homloide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Charles Bardenas. (Address) Comperland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece SIL Mindle Clambeter 14, 1955	Neture of injury
19. UNDERTAKER Long Stein Inc.	24. Wes disease or injury in eny way related to accupetion of deceesed? ho
(Addiess) Imalifant	If so, specify
20. FILEO Che 1 3 , 1935 Varney 1 Herrs	(Signed) M. D.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B.	k v			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	306
1. PLACE OF DEATH	at a	,
County County	Registration Dist. No.	4
Village or City. Selfale	Acity Limits St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	ds. How long In U. S. if of foreign blrth?yrsmos.	
2. FULL NAME Stillbarn filete		1
(a) Residence: No. (Usual place of abode)	St., Ward. a fale make If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15-6 25" (Month) (Day)	193 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	eceesed from
6. DATE OF BIRTH (month, day, end yeer) 2/25/35		
7. AGE Years Months Days If LESS then 1 dey,hrs.	to heve occurred on the data steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
Stellbarn ormin.	were se follows:	Oate of onset
8. Trede, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc	Africa de la companya della companya	
9. Industry or business in which	- Succession of the second	
work wes dona, es SILK MILL, SAW MILL, BANK, atc	(V mas duration)	
O 10. Deta deceesed last workad at this occupation (month and yaer)		
12. BIRTHPLACE (city or town) Lell ale must	Other Contributory Causes of importance:	
13, NAME Paymond J. Bete		
13. NAME Paymond J. Bete 14. BIRTHPLACE (city or town) Stongston mass	Name of aparation	
4 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an eut	
15. MAIDEN NAME It I ama leterson	23. If death was dua to axtarnel ceuses (VIOLENCE) fill In also the following:	topsy?
15. MAIDEN NAME The and election 16. BIRTHPLACE (city or town) Hyde Park many (State or country)	Accident, suicide, or homicide? Dete of injury Whera did injury occur?	, 19
17. INFORMANT Bayonal J. Beter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
Place Callale, Model 2 - 25 -, 1935	Manner of Injury	
19. UNDERTAKER Baygarand T. Betg. (Address) La Valer md	24. Was disaasa or injury in any way related to occupetion of deceased?	
20. FIKE Tele 25, 1935 Joanney Allen Registrar.	(Signed) 1. Cherasha (Address) Comberland med	M. D.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 6 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ICIA	AN
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See instructions on back of

TION is very important.

-WRITE PLAINLY,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(I):(2)
County Illigan.	Registration Dist. No.9
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME] envie Elagabe	the Soul
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased from 1975, to 1 2 4, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I lest saw here elive on the date steted above, et 103 2 0 m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dete daceased last workad et this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(Stata or country) 13. NAME 13. NAME 15. Sval 14. BIRTHPLACE (city or town) Batty, M	
(State or country)	Neme of operation Date of Was there en eutopsy? Was there en eutopsy? Was there expressed as a second continuous contin
15. MAIDEN NAME (city or town) Will (State or country) 17. INFORMANT (Addrass) & antwo Md.	23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hall Dete Fact 3, 1933	Mannar of injury
19. UNDERTAKER S. S. Brake (Addiass) gorlosse Md.	24. Was disease or injury in any wey ralated to occupation of daceesad? If so, specify
20. FILEO F265, 1936 By Go EWilliam Registrar.	(Signad) Treel M. D. (Address) Was tempton

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
purpeau V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



N. B.

should state

item of infor-

STATE OF	MARYLAND-	-CERTIFICATE O	F DEATH	01303
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1. PLACE OF DEATH		(23)
CountyAllegany		Registration Dist. No.
Village or City Mt. Savage Length of residance in city or town where d		NDSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME John Willia	m Brannon	
(a) Residence: No. Mt. Save		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 19 ,193 5 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza	Jeth Brannon	22. I HEREBY CERTIFY, That I attended deceased from 213
6. DATE OF BIRTH (month, day, and year)	ar. 3 1864	I last saw h. 170 alive on 2—19 ;19 3.5 ; daath is sald
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on tha data stetad above, at1_OP_m. The PRINCIPAL CAUSE OF DEATH and related causes of importenca were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Laborer rick Yard 11. Total time (years) 1 8 spent in this occupation	Chronic Myocarditis Culmonary hemorehoges probably due to as old tuloreulous lesion, made active by the in
12. BIRTHPLACE (city or town) Mt . DSav (State or country)		Other Coatributory Causes of Importence: Complicated by Influenza: duration, one anouth,
13. NAME John Brannon		and Pulmonary Hemorrhages, justily
14. BIRTHPLACE (city or town) Irelan (Stete or country)	d	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Harma	n	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State ar country)	Ireland	Accident, sulcide, or homicide? Data of injury, 19
17. INFORMANT Son (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Savage	Data 222 ,1935	Manner of Injury
19. UNDERTAKER Durst (Address) Frostburg Md	1 Bostellins	24. Wes disease or Injury in eny way raleted to occupation of deceased? If so, specify (Signed) Mt. Savage Md.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Genes	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	1	U	1	U

1. PLACE OF DEATH		(183)	,
County alleguns	WITHIN CORPO	PRATE LIMITS Registration Dist. No.	4
Village or City Length of residence in city or town where d	. 0 . 40	No. St., 6 death occurred in a horpital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?	d number)
2. FULL NAME Pullie	4 Breken		
	- worten		
(a) Residence: No. / O /	(Usual place of abode)	St. 5 Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Corne ary 15 (Month) (Day)	, 193. (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		Jet. 15 30 to Fet 18	ed deceesed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than 1 dey,hrs.	to heve occurred on the date steted above, at	Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this	accidental Browning	Feb 15-1935
12. BIRTHPLACE (city or town) Constant (Stete or country)	uland	Other Centributory Causes of importence:	1926
II I3. NAME Promise B	sehm	1 7 7 7	- 77-0
13. NAME Trush 13. IA. BIRTHPLACE (city or town)	Suland	Name of operation Dete of	
(State of country)	assland	What test confirmed diegnosis? Wes there e	n eutopsy? Ho
15. MAIDEN NAME Alenos	plubridge.	23. If deeth wes due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town). (State or country)	ayland .	Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	md (
17. INFORMANT (Address) Section (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Section (Address) 18. BURIAL (Ad	Date 24 /8 19.31	Manner of injury Haf a fit uphile	Laking
19. UNDERTABLE	In server	24. Was disease or injury in eny wey related to occupetion of deceased? If so, specify	no
20. MINTERS 16, 1935	Harry Miera.	(Signed) Cultuland	M. D.

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Example 1		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAN-

TION is very important.

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Allegarry	Registration Dist. No.
Village or City Persthring	ND Munica Heafutal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds How long in U.S. If of foreign birth?mosds.
2. FULL NAME Selent 16. 1der	radivale
(a) Residence: No. Lanett County Fassu (Usual place of appole)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 8
58. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Phorence Broadwater	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9 pm. 23 1890	I last saw hear alive on 2-7- , 1935 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 10 P.m.
444 2 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Henrophyse 2/6/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation dynonth and according to the second in this	0
10. Date deceased last worked at this occupation month and 1923 spent in this occupation.	Other Coutributory Couses of Importance;
12. BIRTHPLACE (city or town)	
E 13. NAME Bedoc Beloradirator	
13. NAME (3 eNC Portocadivater) 14. BIRTHPLACE (dty or town)	Name of operation
(State of Country) Thursday	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Annie Sharrick	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury
(State or country)	Where did injury occur?//www Starfula Wallers Mis (Specify only or town, county and State)
17. INFORMANT Mala Suffert M. Broadway	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place Swanter emiter Date felt. 1, 1933	Nature of injury
19. UNDERTAKER / Leichland Ja A	24. Was disease or injury in any way related to occupation of deceased?
(Address) Landryng Ma,	If so, specify (Signed) 2 Dree Jlorum M. D.
20. FILED 19-3 V Registrar.	(Address) Janacoung, Mrs.

V. S. No. 1

B

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Example I	tl the state of th	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAR 5 1955			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

1. PLACE OF DEATH		-		— (131)			
County alle game		Gity	Limit		Registration	Dist. No.	4
Village or City made a	n Roc	ed (1)	No.	a hospital or instit	tution, give its NAMI	St., E instead of street and	
Langth of residance in city or town whara	daath occurred	yrsmos	ds. Ho	ow long in U.S. if	of foreign birth?	yrsm	osds.
2. FULL NAME MUS Jul	ia ma	muig		gin o = -			
(a) Residence: No. R. F. J.	No. 3 Cu	untatore 1	W St.	Ward.			
(2) 11031401100 1101-1-1-1	(Usual place of	of abode)			If nonresident	give city or town and	State
PERSONAL AND STATIST	TICAL PARTIC	CULARS		MEDICAL C	CERTIFICATE	OF DEATH	
Ternale While	5. SINGLE, MARI OR DIVORCES	RIED, WIDOWED, O (write the word)	21. DATE	TE Son	(Month)	/O	, 193.35 (Year)
5a. If marriad, widowad, or divorced Wm. HUSBANO of (or) WIFE of	R. Bro	860-	22.	HEREB	Y CERTIF	Y. That I attended	daceased from
6. DATE OF BIRTH (month, day, and year)		3	I last saw h.	alive on	Jan. 7	D 193 V	.; daath is said
7. AGE Years Months	Days	If LESS than		d on the date sta		-4.m.	
74 3	1	l day,hrs.	The PRINCIPA ware as follows	L CAUSE OF DEA	TH and related caus	es of Importance	Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House	wife		wee	wed Con	es a	- Fel.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		7	By year	esist, sen	ile paresi	s is meant	193X
10. Oate dacaased last worked at this occupation (month and yaar)	11. Total ti	me (years) It in this pation	nos	general J	esselyais of	The indoce	La
12. BIRTHPLACE (city or town)			Othar Contribu	atory Causes of imp	portance:	, and a second	7420
II 13. NAME (Infan)	Graces			- 7-V	er	Who are	
13. NAME falm			Name of operat	tion		Oate of	
14. BIRTHPLACE (city or town) (State or country)	Pa					Was there an :	autonov?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stella or country)	a Kis	ance				Il in also the following	
16. BIRTHPLACE (city or town)			Accidant, suicid	de, or homicide?		Date of Injury	, 19
∑ (Stete or country)	OL .		Where did Injur	ry occur?			
17. INFORMANT A PRINCE BY A D HE 3 6	rossess	Id md	Specify whethe	er injury occurred	in INOUSTRY, in HO	town, county and Sta ME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carrelian	a Date Feb	12 ,1935	Manner of injur				
19. UNDERLAKER Than It	ting In	۷	24. Was disaase		way ralated to occup	ation of dacaasad?	
20. FHED el 12, 1835	Farney,	NMen	If so, spacify (Signad)	ddrace) F	1 km M.	Just no	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- VIII
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Dispositi V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

	PLACE OF DEATH	STATE OF MARYLAND
1	County allegany	CERTIFICATE OF DEATH
1	The state of the s	Outside of Registration Dist. No. 4
III Cate.	Village or City Boroling Sieven P -5	City Limits St.: Ward) (If death occurred in a hospital or institution, give its NAME it is stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
מטש	male white Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1980 (Month) (Day) (Year)
	february 24, 1935 (Month) (Day) (Year)	that I last saw hereasive on Per 26, 1980
non nell	7 AGE O yrs. O mos. O ds. or /O min.?	and that death occurred on the date stated above, at 11:32
talli: 500	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durslion) yrs. mos. ds.
indian f	9 BIRTHPLACE (State or country) Allegany (State or country) Md	Contributory Secondary Dugation To yie
	TATHER LOL Stewart Calhell II BIRTHPLACE OF FATHER C (State or country) IZ MAIDEN NAME TO THE COUNTY COUNTY TO THE COUNTY	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Marquete Goldie Ray (13 BIRTHPLACE OF MOTHER (State or Country) W. Oa	At place of death yrs
	(Informate) (Informate)	if not at place of dea.h?
	(Address) Bauling String In	20 UNDERTAKER ADDRESS
1	File J. 1923 5 Makeun Hiller Registrar	Jev S. Cathell June . mo

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, eve. woun-(a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

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..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Nomenclature of the Always qualify all disease;

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V. S. No. 1

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County	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Season and State Season Seas	1. PLACE OF DEATH	ORPORATE
Length of residence in city or toyan where death occurred 2. FULL NAME (a) Residence: No. (Classificated above) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED 5. If married, widowed, or divorced from the word) 5. If married, widowed, or divorced from the word) 5. If married, widowed, or divorced from the word of the properties of the word of the properties of the word of t	County allegany	Registration Dist. No.
2. FULL NAME (a) Residence: No. (Cusal place of aboda) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKEED, WIDOWED. OR DYORCED (wire the word) 5. If married, widowed, or divorced on DYORCED (wire the word) 5. If married, widowed, or divorced on DYORCED (wire the word) 5. If married, widowed, or divorced on DYORCED (wire the word) 5. DATE OF BIRTH (model) day, and year) 6. DATE OF BIRTH (model) day, and year) 7. AGE 7. AGE 7. AGE 7. Toda, profession, or perticular words and in the state of above, and in the state		
2. FULL NAME (a) Residence: No. (C) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARRIER, WIDOWED, OR DIVORCED (write the word) (or) WIFE of Color of Married, widowed, or divorced HUSBAND (Nonth) 1. Sex 1. DATE OF DEATH 22. 1. HER BBY CERTIFY. That Latended deceased from the Color of the date stated above, of Justices of the portance where it follows: 5. Since years Nonths 1. Days 1. HESS than 1. days 1. It at saw A. Latence	Length of residence in city or town where death occurredyrsmos.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED. OR DIVOSCED Curric the word) 7. AGE First, protestion, or particular, or particular, or particular, or particular, or particular to have occurred on the date stated above, and substitution of accusate of the have occurred on the date stated above, and substitution to have occurred on the date stated above, and substitution to have occur	2. FULL NAME /ingil James	olose, (como)
3. SEX 4. COLOR OR RACE OR DYNCED (write the word) 5. If married, widowed, or divorced HOSPING (write the word) 6. DATE OF DEATH 7. ACE Years Months Days If LESS than I day. In the Paphiciral Cause of importance were by follows: 8. Finde, profession, or perticular word was done, as SILK MILL, word was done as SILK MILL, word was done, as SILK MILL, word was done as SILK MILL, word was done, as SILK MILL, word was done to external cause of importance: 10. Data decaded set were done as SILK MILL, word was done to external cause of importance: 11. Total time (vers) as All was due to external cause of importance: 12. BIRTHPLACE (city or town). (State or country) What lest construct on the date stated above, ad: 15.5 m. 13. MANGE 14. BIRTHPLACE (city or town). (State or country) Where did injury occurred in Industry, in HOME, or in PUBLIC PLACE (Address) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Where did injury occurr		
OR DIVERCED (write the word) Sa. If married, wickneed, or divorced HUSBAND (Post) Financial, wickneed, or divorced HUSBAND (Post) Fi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. DATE OF BIRTH (modul, day, and year) 7. ACE 9 Years 9 Months 1 Days 1 H LESS than 1 I day, hrs. or. min. 0 Trade, profession, or perticular kind of work done, as SPINNER, SPANCIPE, BOOKEEPER, etc. 9 Tradetry or business in which 10 Date deceased last worked at 11. Total time (years) span in his occupation 12. BIRTHPLACE (city or town) (State or country) 13. MAINE 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN (Address) 18. BURNATOR, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 1	The state of the s	2-/-,1925
6. DATE OF BIRTH (mock), day, and year) 7. AGE Years Months Days H LESS than I day,hrs. orhrs. orhrs. or	5a. If married, widowed, or divorced	(Month) / (Day) (Year)
7. AGE Years Months 1 day, history min. The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date of enset Date of enset Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date	(or) WIFE of Elizabeth Jeal	22. I HEREBY CERTIFY That Lattended deceased from
7. AGE Years Months 1 day, history min. The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date of enset Date of enset Date of enset The PANCIPAL CAUSE OF DEATH and related causes of importance were by follows: Date of enset Date	6. DATE OF BIRTH (modifi, day, and year) Chr 30 - 1899	I last saw h Modive on 2-7- 1935; death is said
Trade, profession, or perticular states causes of importance were \$1 follows: SAWYER, BOOKKEEPER, etc. 3. midustry or business in which saw which saw with the society of	7. AGE Years Months , Days If LESS than	1:41-6
Trade, profession, or perticular kind of work done, as SPINER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKER, Etc. SAWYER, BOOKKEPER, Etc. SAWYER, BOOKKER, BOOKER, Etc. SAWYER, BOOKKER, BOOKKER, Etc. SAWYER, BOOKKER, Etc.		The PAINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED Other Contributory Causes of importance: Other C	2 Trade profession or particular	Date of enset
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12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED Other Contributory Causes of importance: Other C	9. Industry or business in which work was done, as SILK MILL,	/
Other Centributery Causes of importance: Other Causes of importance: Other Centributery Causes of importance: Other Centributery Causes of importance: Other Centributery Causes of importance: Other Causes of inportance: Other Causes of importance: Other Causes of inportance: Other Causes of inportan	and occupation (month and	Russon
13. NAME 14. BIRTHPLACE (city or town) Name of operation What test confirmed diagnosis? Name of operation Name of operation What test confirmed diagnosis? Name of operation)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. Specify (Signed) 22. Specify (Signed) 23. If geath was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of What test confirmed diagnosis? Was there an autopsy? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.		
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy and supplements and suppleme	The state of the s	de apentie moloria
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy and supplements and suppleme	I The state of the	77.0.11.0
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANE 18. BURIAL, CREMATION, OR REMOVAL 19. Date	14. BIRTHPLACE (city or town)	700 €
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plage Plage 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plage (Address) 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the public place of th		7 / 1200
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plage Plage 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plage (Address) 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the public place of th	THE CHINADES HAME	
17. INFORMANE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) M. D.	O 16. BIRTHPLACE (city or town)	
18. BURIAL CREMATION, OR REMOVAL Plage Manner of injury Nature of injury 19. UNDERTAKER (Address (Address 20. FILED 20. FILED (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury Manner of injury Nature of inj	17. INFORMANT The Elizabeth Close	(Specify city or town, county and State)
Place The Date The Nature of injury 19. UNDERTAKER The State of Section 1. 1935. Nature of injury in any way related to occupation of deceased? No specify 20. FILED Left 9, 135 Channey Tollands (Signed) White Company of the Section 1. 1935. Nature of injury in any way related to occupation of deceased? No specify (Signed) White Company of the Section 1. 1935. Nature of injury in any way related to occupation of deceased? No specify (Signed) White Company of the Section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury in any way related to occupation of deceased? No section 1. 1935. Nature of injury	The state of the s	Manner of injury.
19. UNDERTAKER 12. Character 24. Was disease or injury in any way related to occupation of deceased? 21.0. 16 so, specify (Signed) White Company of the com	Place santhern My Date Heb 11, 1935	
20. FILED Tele 9, 125 Cherry Toller (Signed) William M.D.	19. UNDERTAKER The Plane Plane	71.
20. HED I F. 100 JANUARY / SILVER	(Address unberland Hed.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01317
1. PLACE OF DEATH	
County Allegany WITHIN CORPOR	RATE LIMITS Registration Dist. No.
Village or City from Lesland	No. 9 2 M St., 6 - 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred	ds. How long in U. S. if of foreign birth? 3.9 yrsds.
2. FULL NAME Illen Glary Cor	may
(a) Residence: No. 9 Each 2nd (Usual place of abode)	St., 642 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (swrite the word)	21. DATE OF DEATH february 4 193 5
5a. If married, widowad, or divorced	(Month) / (Day) (Year)
HUSBAND of (or) WIFE of	22. Lei HEREBY CERTIFY That attended deceased from
former convey.	Jeruary 4, 1932, 10 Tobruary 4, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Dave 16 1505 then	I last saw her allve on February 4, 19.35; death is said
7. AGE Yaars Mooths Days If LESS than 1 day,	to have occurred on the date stated above, at X . 30 m.
70 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	- A A A
SAWYER, BOOKKEEPER, etc	Erebraf Halmonkage Jan.
work was done, as SILK MILL, SAW MILL, BANK, atc.	1 1935
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last workad at this occupation (month and year) 11. Total time (years) spent in this occupation	
0 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	194
13. NAME James Glary.	Jenuary 1915
4 14. BIRTHPLACE (city or town) (State or country)	Name of oparation Data of
15. MAIDEN NAME ARABI DE CAMPA A	What test confirmed diagnosis?
I was a war war	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 9	Accident, suicide, or homicide?
17. INFORMANT AD Commany (Address) Company	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manage of Intim.
Place It teter + lando Com 2/6, 1935	Manner of injury Nature of injury
19. UNDERTAKER Lomo Stein Jone. (Address)	24. Was disease or injury In any way related to occupation of deceased? 240
20. FILED tale 5, 19 3 5 Harney H Vlein Registrar.	(Signed) Ste of M. D. (Address) Such Sound M. d.
If more blanks are needed address State Penishan	N. Ch. J. C. D. L. D.

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il	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

CAUSE mation LION

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very

17. INFORMANT

19. UNDERTAKER (Addrass)

(Addrass)

18. BURIAL, CREMATION, OR REMOVA

Transitudd good If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur? ___

Manner of injury

Nature of Injury

If \$0, spacify (Signed). (Specify city or town, county and State)

1112

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

1. PLACE OF DEATH	SERTIFICATE OF BEATTY
County Alkeanny,	Registration Dist, No.
Village or City Midland	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.3 yrs.	nos ds How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Chare & Manly De	laney
(a) Residence: No. Shall flow (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH TEA. /8 (1935 (Year)
5a. If married, widowed, or divorced	— (month) (bey) (rear)
HUSBAND of andrew Delane	122. I HEREBY CERTIFY. That I attended deceased from 1932, to felt, 18th 1935
6. DATE OF BIRTH (month, dey, and year) Lay 4, 182	I last saw h ev alive on Jel. 18 35; death is said
7. AGE Years Months Oeys If LESS than	
9 / 1 day,hi	were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, Arris curing & SAWYER, BOOKKEEPER, etc.	Orterio sclerocie Date of onsot 2/1/32
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed iast worked et this secureling month and spent In this	
10. Date deceased last worked et this occupation (month and year) 1932 11. Total time (years) spent in this occupation (2) AAA	i&r
12. BIRTHPLACE (city or town) Leland (State or country)	Other Contributory Couses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town) (sel a fue)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Budget Langan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ireland	Accident, suicide, or homicide? Oate of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mass Deflering Manley (Address) Itial and Ind !	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. Place of Michaels Constants Feb 21, 1933	Manner of injury
19. UNDERTAKER M. Leigh horn	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jeb. 21, 19 30 Makes	(Signed) M. M. Corrupt M. D.
Registrar.	(Address) Midland . Manyland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A MAR S MASS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

BINDING

FOR

RESERVED

ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR & 1835			
Other contributory causes of importance:		Other contributory causes of importance:	150
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-Exact statement of OCCUPA. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARTLAND	DERVIFICATE OF DEATH
1. PLACE OF DEATH	limite 4
County Selfany	Registration Dist. No.
Village or City rightleffland	No. St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stellesser work	worth a mon
(a) Residence: No. (Usual place of abode)	St., Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**write* the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Pub & 6, 1935	22. I HEREBY CERTIFY, That I attended deceased from
e DATE OF BIRTH (weekly day and weekly	Hast sawher and of liborn Fel 6, 1935; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 7 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	asphysia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and search in this counting the search in this	1
10. Date deceased last worked at this occupation (month and year) spent in this occupation	V
R 1	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Troughe of Cola
13. NAME James Duckworth	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Ruth Dukers 16. BIRTHPLACE (city or town) - Jacobse (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) - January	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARREST RA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Test On hy Mar Dete . Jest 1 , 1905	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comic	If so, specify
20 505 10 1 2 1035 (Hanney X/M	(Signed) & M. Shaffere M. D.
20. ROEO Class 7, 1932 Affallule N Sheestrar.	(Address) 122 Bedford J+

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND HORDESTICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis •	3 days ago
1 MAR G 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01324
1. PLACE OF DEATH	3 (a)
County ATTEGINE	Registration Dist. No.
Village or City Lumbertand	No. H. H. G. J. J. H. Ward I death occurred in a hospital of institution, give its NAME instead of street and number)
Langth of residanca in city or town whara deeth occurredyrsmos	sds. How long in U.S. if of foralgn blrth?yrsmosds.
2. FULL NAME Stellborn 1/4797	
(a) Residence: No. (Usual place of abode)	St., Ward. Standwelle Dad If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from to 19
6. DATE OF BIRTH (month, day, and year) Tehr 15, 1935	i last saw h; death is said
7. AGE Yaars Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Trumature (5 mos)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, atc	- Samuel Carlot
10. Dete deceased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) fight best by the distribution of the control of th	Other Contributory Causes of importance: Fathering Trugmany
1	- Wampia
E 7 7 9 9	
4 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Data of
	Whet test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicida?
17. INFORMANT Payronney Durette	Whera did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Strontwille, md	
18. BURIAL, CREMATION, OR REMOVAL Place Sew Servery Sate Held 19, 1935	Mannar of injury
19. UNDERTAKER Dinterflety	24. Was disaase or injury in any way related to occupation of dacaesad?
20. FILED LEB 1 8, 19.30 D. Marriery IV Please	If so, spacify (Signed) (Signed) M. D.
Registrar.	(Address) - Landau Charles

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.		Δ.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Village or City Cumberland • Md No. St., 6— (If death occurred in a hospital or intitution, give its NAME instead of street and number length of residence In city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Andrew L. Endfield (a) Residence: No. St., 6— Ward. Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowad, or diverced (Month) (Oay)	ds.
(a) Residence: No. 4/2 Superior St.,6—2 Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	e
3. SEX Male White 5. SINGLE, MARRIED, WIDOWED, OR DITTORCED (write the word) 21. DATE OF DEATH Feb. 25.1935 (Month) (Oay)	
Male White On Diverce (write the word) (Month) (Oay)	
5a. If married, widowad, or diverced HUSBANO of Margaret. Endfield 22. HEREBY CERTIFY, That I attended deck (or) WIFE of	0.4
6. DATE OF BIRTH (month, day, and year) June . 8th. 1862 last saw h. in alive on 7th 25, 1935; de	eath is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 5 - 15 Am 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 5 - 15 Am 7. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
	/day
10. Date deceased last worked at this occupation (month and year)	
(State or country)	mil
T 13. NAME Daniel. Endfield	
13. NAME Daniel.Endfield Pa Name of operation Oate of Oate of	sv2hvt
15. MAIDEN NAME Susan. Rowan. Pa 16. BIRTHPLACE (city or town). Cotate or country). 17. MAIDEN NAME Susan. Rowan. Pa Accident, suicide, or homicide?	
▼ (Stata or country) Margaret.Endfield Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Margaret.Endfield Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill oateFeb 27 . 1,835 Nature of injury	
19. UNDERTAKER John . C . Wolford 24. Was disease or injury in any way related to occupation of deceased? (Address) Cumberland . Md If so, specify	
20. RIEBLE 26, 1895 Ranny Messes (Signed) (Address) Cumberlany	.м. D.

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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 8 3855			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	outside of the
County Allegany	City in Begistration Dist. No. 4
Village or City Jumberland Illa	No. Locust Prove, St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAMESTYACE LE O da	Il Din
Can Lint Lintalla	St, Ward.
(a) Residence: No. O C C C S 1 (Value) (Usbel place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SMGLE, MARRIED, WIDOWED, OR DIVORCED (wright the word)	21. DATE OF DEATH DUTC 72
Famale Illus married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY) That I attended deceased from
(or) WIFE of Harry C GILDLY	Jul-14 1935, 10 reb 23, 1935
6. DATE OF BIRTH (month, day, and year) and a VIII 3 79997	I last saw hey alive on help 23, 1935; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, At Atomico SAWYER, BODKKEPER, etc.	Para - P
	Villaisma Monero - geb 18/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) P. L. S. D. S. V. G. S. J. J. C.	J. 91
(State or country)	Juflienza July
14. BIRTHPLACE (city or town) Peters burng Mile	
4. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) PLEAN SOURY / YVID (State or couplry)	Accident, suicide, or homicide?
Hanne Vilbing	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in the section, in the man, or the observe tender.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tell sest Im Date Tely 21,1935	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, moleke 2 6 35 (Harrey & Mens	(Signed) f Mall Maish M. D.
Registrar.	(Address) Ollulesland Onl
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

193

(Year)

Data of onset

(Dev)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	PROPATE LIMITE (73)
County allegany WIHIN COF	REGISTRATION DIST. No. 4
Village or City from turking	No. allegany Holata Cst., 4 Ward
Length of residence in city or town where death occurred 13 yrs. 2 mo	If death occurred in a horpital institution, give its NAM instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Marn Blanche Stroth	Halmicha
(a) Residence: No. 418 Dolland	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Self 18
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF CONSERL R. Hornicka	22. SHEREBY CERTIFY That ettended deceesed from
6. DATE OF BIRTH (month, dey, end year) Sept 23 1889	I last few h. L.V. elive on Set 6 , 1995; deeth is said
7. AGE Years Months Days II LESS than	to have occurred on the date steted ebove, et
45 4 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Daulis Circase
9 Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year)	
Throng 10	Other Contributory Casses of Importance:
12. BIRTHPLACE (city or town)	
13. NAME John W Derre.	
14. BIR (HPLACE (city or town) Bullfred Cr.	Neme of operation
(State of Country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Sman brings 16. BIRTHPLACE (city or town) But find Co. Fig.	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Suffer Conference (State or country)	Accident, suicide, or homicide?
R.J. 1 P. 2/20-	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CANAL (Address) Canal	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Imply how Mung total 1/20, 1935	Nature of injury
19. UNDERTAKER Loris Stein Ina	24. Wes disease or injury in eny way releted to occupation of deceased?
(Address) brokyland	If so, specify
20. FHED Iche 19, 1935 Harney 17 Weess	(Signed) A. M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

01220

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTEARD	OF STATE
1. PLACE OF DEATH WITHIN COR	PORATE LIMITS 34
County Cellegany	Registration Dist, No.
Village or City Carlo Conflored	No. 238 Sorth mechanist, 2 Ward
Length of residence in city or town where death occurred 3 2 yrs. 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
06-1 1 11	ds. How long in 0.3. if of foreign birth:
2. FULL NAME Colward A. Ho	gen
(a) Residence: No. 73 8 %. Mechal	St., & Ward.
(Usual place of disede) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	7 Eh 2 1935
on. n - married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ac) WIFF of	i HEREBY CERTIFY. That attended deceased from
mande Toolay	Jay 28 1935 10 JEh 2 1935
6. DATE OF BIRTH (month, dey, end year)	Wast saw h Land alive on Jeh 1935 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30 A.m.
52 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILL MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Neuro-Syphilis
9. Industry or business in which	
work wes done, as SILW MILL, SAW MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at this occupation (month and spent in this	
year) occupetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	()
(State or country)	Influenza.
13. NAME Gentlemy Holen	Y
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME nave malene	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city of Lown)	Accident, suicide, or homicide? Dete of injury19
State or country)	Where did injury occur?
The E.S. Hole	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or In PUBLIC PLACE,
17, INFORMANT (Address)	open, water many country in the strict, in the life of the open.
18. BURIAL CREMATION, OR SEMOVACIO	Manner of injury
Sof later have and Date Feb 5 , 1935	
9. 84. 9	
19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Al Od in	If so, specify
20. FIXED Tel. 5, 1935 Harvey N OVar	(Signed W. M. D.
Registrar. If more blanks are needed address State Registrar.	(Address)
-, more viants are needed, address State Negistrar,	equality Commercial Dammere, Requesting U. 3. 190. I.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WURSAU V. W.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

01332

1. PLACE	OF DEATH		W 200 2131 OC	/3·c	
County	Camker	land	MANUSIMA GOA	Registration D	ist. No.
	city alleg			No. 7 2 2 Ay local death occurred in a horpital or institution, give its NAME	
Length of r	residence in city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?	yrsds.
2. FULL N	AME James	2 Mas	nil fo	ne	
(a) Resid	lence No. 722 S	(Usual place	of abode)	81., 3 Ward. If nonresident gi	ve city or town and State
PERSC	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH File.	10 1935
5a, If married, wid	lowed or divorced	man	rieu_	(Month)	(Dey) (Year)
HUSBAND of (or) WIFE of	/ // ,	Lon	with	22. As HEREBY CERTIFY	That I ettended deceased from
6. DATE OF BIRT	il (month, day, and year)	Jan 3.	1872	last saw h_1172 alive on tel. 10	19.2 2; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date steted above, at 12^{13}	
6	2 /	7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	
Z R Trade, pro	ofession, or particular of work done, as SPINNER,	B1			Date of onset
SAWY	ER, BOOKKEEPER, etc	as Refr	asserte	Dy sentery (undetermine	ed type) 2-6-3:
work saw h	was done, as SILK MILL, BANK, etc.	Stox Olas	· RR		//
U NO. Dete dece	eased last worked at	11. Total ti	me (years)		
	ccupation (month and	spen occu	tin this pation		
700				Other Contributory Canses of Importance:	
12. BIRTHPLACE		A.			
	as D	0 = 0			
Ξ	John 2	Junes		22. 4	
A 14. BIRTHPLA	ACE (city or town)	Wali		Name of operation	Date of
1		111	1	What test confirmed diegnosis? Lasse Chil	
15. MAIDEN I	NAME Jan	un FT	ughes	23. If death was due to external causes (VIOLENCE) fill	The state of the s
16. BIRTHPLA	CE (city or town)	7 - 77	a	Accident, suicide, or homicide? Da	ste of Injury, 19
- (21ste	or country)	20	~	Where did injury occur? (Specify city or to	own, county and State)
17. INFORMANT(Address)	222 salah	lenes		Specify whether injury occurred in INDUSTRY, in HOM	E, or in PUBLIC PLACE.
18. BURIAL, CREM	ATION, OR REMOVAL	P	,	Manner of injury	
Plece	John X Faul	DateT_L	19.35	Nature of injury	
19. UNDERTAKEN	fami St	tim &	ne	24. Was diseese or injury in any wey related to occupeti	icn of deceased? Zea
(Address)	, Contin	Lud	ma	If so, specify	
20. FILED	L12,1930 Ha	rues 7	Mera	(Signed) Chithur of Jones	5, M. D.
			Registrar.	(Address) 40 h. Library 31	t

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
P74			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No.

m

20. FILED.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) .

(Year)

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (1. PLACE OF DEATH County Allegany Village or City Cumber	WITHIN COP	CERTIFICATE OF DEATH 01335 Registration Dist. No. 4 No. Memorial Hospital St. 6-/ Ward
	death occurred yrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mr. Wil		JisUs.
	Beall St., City (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH February 11, 193 5 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Helen Ny	9	22. I HEREBY CERTIEY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	May 12, 1888.	1 lest saw h un alive on Jch 11 1935 death is seid
7. AGE Yaars Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 9:21 m. A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance water as follows:
9. Industry or business in which	Meat Inspector enneweg Co., 11. Total tima (years) spant in this occupation	Of Interstitio Mephiles
12. BIRTHPLACE (city or town)(Stata or country)	Mass.	Othar Coutributory Causes of importenca:
13. NAME Patrick Ken	nedy	THE MANAGER IN
14. BIRTHPLACE (city or town) (State or country)	Mass	Name of oparetion Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Catherin	e Higgens,	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country) Irel	and	Accidant, sulcide, or homicide? Data of injury, 19
17.INFORMANT Memorial Hos (Address) Cumberla nd		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Delivit Muid		Mannar of injuryNatura of injury
19. UNDERTAKED	in Jones	24. Was disease or injucy in any way related to occupation of dacaased?
104.1	7. 120m	(Signed) W. M. W.

Mathews

Registrar.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PLAINLY, N. B.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Alliann.	Registration Dist. No.
Village or City Ellers	
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
7 00 11	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. Ellessie (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH 2 5 193.5
Sa. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Schl 10 1855	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and this propagation (month and this propagation).	Date of onset
9 Industry or business in which	Ver erropassons
work was done, as SILK MILL, af Amel	
O 10. Date deceased last worked et this occupation (month and year)	
R 110 .10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Winnella fraction (State or country)	
13. NAME Cas of Minerall	
13. NAME TO A TUNNELL 14. BIRTHFLACE (city or town)	To Do a s
(State or country)	Name of operation
15. MAIDEN NAME Snagn/ Stant	Whet test confirmed diagnosis? They that was there an eutopsy the
1	23. If death was due to exteroal causes (FIOLENCE) fill in also the following:
O I6. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Unrille In. Wennick (Address) Ellistie Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place tyndman, a Date the 8,1935	Nature of injury
19. UNDERTAKER Komo Stemi (Address)	24. Was disease or injury to eny way related to occupation of deceased? The
20. FILED 27-35, 19 g Lloya Wolfe Registrar.	(Signed) William Milliam (Address) Purples and Sullament
If more blanks are needed address State Resisters	Case N. Charles Street Patrices Program 91 C N.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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To be eomplete, an oeeupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	County Village or C	ALLE	GANY MBERL		THIN CORPO	RATE LIMITS Registration Dist. No. No. MEMORIAL HOSPITAL St., 6 -/ Warf death occurred in a horpital or institution, give its NAME instead of street and number)
2	Length of resi		ANNE		yrs,mos	sds. How long In U.S. if of foreign birth?yrsmosd
gallering.	(a) Residen	ce: No	217	ARCH ST		St., 6-2 Ward. CITY If nonresident give city or town and State
	PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	FEMALE	4. COLOR (TE	5. SINGLE, MAI OR DIVORCE WIDOW	RRIED, WIDOWED, ED (write the word) VED	21. DATE OF DEATH February 8, 193 5 (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorce		KENNY		22. I HEREBY CERTIFY. That I attended deceased fro
	ATE OF BIRTH				1879	i last saw b 7 alive on 7 4 7 , 19 30; death is sa
7. A		56	Months	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 6 . 3.0 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	9. Industry or 1 work was SAW MIL 10. Date decease this occup year)	ork done, as BOOKKEEPER business in who done, as SILP L, BANK, etced last worked pation (month	SPINNER, R, etchich K MILL,	spe	ORK time (years) int in this upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MARY LAND (State or country) Land 13. NAME JOHN DIDWICK				K		Care J
T	14. BIRTHPLACE (State or		WE	ST VIRG	INIA	Name of operation Clobe Of Dec
HER	15. MAIOEN NAM	ME DOR	ROTHY			Whet test confirmed diagnosis? Was there an autopsy?
MOTH	16. BIRTHPLACE (State or		WE	ST VIRG	INIA	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. 1	NFORMANT			SPITAL ND: MARY	YLAND	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Place) 1/2 7e	6,10-,1935	Manner of injury
19. (UNOERTAKER	loui	bert	pin 9	med.	24. Was disease or injury in any wey related to occupation of deceased?
20-1	FILE CELL	9, 195	3.5 7	hurey!	Messar.	(Signed)

ENFIELD

CAUSE OF DE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		I me s		
	man "	154 8	K	
		1	-	

	te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state	1. PLACE OF DEATH	
	of of of	Tounty alleghany	Registration Dist. No.
1)	should of OCC	Village or City Lonacomna	No. St., Ward
			death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	KD. Every FSICIANS statement	2. FULL NAME San all ann Rep	linge
	D. I SIC tate	(a) Residence: No. Railroad	St., Ward.
-		(Usual place of abode)	If nonresident give city or town and State
U	RECC . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
でち	1	or proceed (write the word)	(Month) (Day) (Year)
BINDING	IANEI A C T Issified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from 1934 to 74 26 1935
Z	Cha cha	6. DATE OF BIRTH (month, day, and year) Oct 28, 1878	I last saw h w alive on 7 w 26 19 3 3 death is sai
m a	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 fm.
FOF	IS A I stated properl	56 4 2/8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	he s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Reclum
RESERVED	VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL,	
SE	INK. sho	SAW MILL, BANK, etc	
E S	T	this occupation (month and 933 spent in this, for your occupation for your	Other Cartifular Courses in mandanasi
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Romaly	Other Coutributory Causes of importance:
ARGIN	ied.	(State or country) Nest Luginia,	
AR	UNFA supplied n terms, ee instr	13. NAME John Mm Ceflinger 14. BIRTHPLACE (city or town) Lonney	
3		14. BIRTHPLACE (city or town) W. W. (Stete or country)	Name of operation
	WITT fully n plai	15. MAIDEN NAME hahuldalene Trenum	What test confirmed diagnosis? Was there en au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
	ra ta	5 16. BIRTHPLACE (city or town) Carras M	Accident, suicide, or homicide?
-	AINLY, id he ca DEATH y import	S (State or country)	Where did injury occur?
U	Y DA	17. INFORMANT Mrs Isabel Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Shoul Shoul E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Pleastoneron ng md Date 128 ,1925	Nature of Injury
-	-WRITE mation s CAUSE TION is	19. UNDERTAKER Sand S. Boal	24. Was disease or injury in eny way related to occupation of deceased?
No.	B	(Address) Longround md.	If so, specify
> 03	z (T)	20. FILED 7 11 . 28 , 1933 2, Van V - Journ , Resistrar	(Signed) January M. 1440gst M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	POPATE LIMITS 95.8
County Allegung -	Registration Dist. No.
Village or City Christians	NO. 10 5 9 Ward Angels, Ward Gladeth occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town whare daath occurredm	
2. FULL NAME for malcolm	Lake.
(a) Residence: 80, 255 In Inechanic	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Male Mite Smale	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That yattandad deceased fro
0 / 0	19 10 20. 26, 19 19
6. DATE OF BIRTH (month, day, and year) 1931	I last saw h aliva on the said and said
7. AGE Years Months Days If LESS than I dayhrs	to have occurred on the data stated above, at
O / ormin.	wara as follows: Date of one
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacasasd last worked at this occupation (month and specific profits).	
9. Industry or businass in which work was dona, as SILK MILL,	Crente branchitis.
SAW MILL, BANK, etc	Ces dias derin sensules
O this occupation (month and year)	
William Stars	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	De lete Turnile.
13. NAME Propel & La A	
	No. of the Property of the Pro
14. BIRTHPLACE (city or town)	Name of oparation
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
The Is meallen	Whera did Injury occur?
17. INFORMANT / JONE Transce Mulicom	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURFAL, CREMOTION, OR REMOVAL	Mannar of injury
Plant tella seat 1 Date teles 28, 193,	
19. UNDERTAKER Porces Steers dear	24. Was disaase or injury in any way related to occupation of dacaased?
(Addrass) Cumbaland and	If so, spacify
20. FIREDELEP 21, 1935 Harrey & Pagistrar.	(Signad) Le Service M.
If more blanks are needed, address State Revistra	r, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR R 1905			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FHED

STATE OF MARYLAND—CERTIFICATE OF DEATH 01340

RATE LIMITS Registration Dist. No.
No. Alleguay I softal St., 4 Ward ath occurred in a hospital or institution, give its NAME instead of street and number)
3ds. How long in U.S. if of foralgn birth?yrsmosds.
mand P
St., Ward. Soute #1 Longconing by
MEDICAL CERTIFICATE OF DEATH
1. DATE OF DEATH
(Month) (Day) (Year)
2. I HEREBY CERTIFY, That I attanded dacaasad from
Feb 21 ,1935 , to Feb 2 4 , 1935
I last saw h alive on
to have occurred on the date stated above, at 6 25 pm.
The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Seffic miningston,
It Edward Brain
inella to say whether oscidental or hornicidal.
gwis R
Other Contributory Causes of Importance:
Lauration & Fracher now
of Assil: an unknown party 1934
hopew a rock through automobile window.
Name of operation Al Comfet Alin Date of 2 . 24 :35
What test confirmed diagnosis? Wes there an autopsy?
23. If death was due to external causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury Accident, 1934_
Where did injury occur? Langett Co man he Suffer
Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. P.O. P.O.
Mannar of injury Struck on head with wich
Nature of injury of a certain A call + Dolling
24. Was disease or injury in any way letated to occupation of decaasad?
If so, specify
(Signad) M. D.
(Address) Dimmerland Profe
N Chala Cara Batian Day of C N

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYL	AND-	-CERT	IFICA"	ΓE	OF	DEA	TH

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l	ı	4	3	1	U	
	- 4	III.	(1)	. A	1)	

	. PLACE OF DEATH	WITHIN COR	PORATE LIMITS (2)		/
	County Allegany		76	Registration Dist. No.	4
		and Md.		ial Hospital st	,6-/ Wa
	Length of residence In city or lown where	death occurredyrsm	osds. How long in U.S. i	itution, give its NAME instead of street f of foreign birth?yrs	
2	. FULL NAME Shirles	.Togn Tagge	5 hrs.		
	(a) Residence: No. Cress				
	(a) Residence. No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEAT	Н
-	Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	l ruary 28. (Month) (Day)	, 193 <u>5</u> (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. TOPHEREB	Y CERTIFY, The latte	
4 5	DATE OF BIRTH (month, dey, end year)	3 March 10 , 1934.	2	Feb. 28 19	35
	AGE Years Months	Deys If LESS then		eted ebove, e1 8:00 mP . M	deeth is s
	# 8	25/5/ 1 dey,hr		ATH and releted causes of importance	
z	8. Trede, profession, or perticuler	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	welle as follows.	10-	Date of one
LION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Cusherra (remottagica	1 won
CUPA	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc				P
220	10. Date deceesed last worked et this occupetion (month end year)	11. Totel lime (yeers) spent in this occupation			
12.	BIRTHPLACE (city or town) Mt. (Stete or country) Mary	Sarage	Other Coatribatory Causes of Im	portance:	
HER	13. NAME Vance Lease	,			
FATH	14. BIRTHPLACE (city or town) Maj	yland	Neme of operation	Let Gan Wester	/
HER	15. MAIDEN NAME Mary Lee	Shuck,		auses (V/OL ENCE) fill in also the follo	
MOTH	16. BIRTHPLACE (city or town)	aryland		No Dete of injury	
17.	INFORMANT Memorial Hos	spital		(Specify city or town, county and In INDUSTRY, in HOME, or In PUBLI	State) C PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Plece Lineas Lanny	Dete 9/11/3, 193	Menner of injury Neture of injury	<u> </u>	Λ/
19.	UNDERTAKER Armio Ste (Address)	on One	24. Was diseese or injury in any	way related 10 occupation of deceased	7
20.	Fullmarch 2,1935 Da	ruey / Olices.	(Signed) Lv-	R Hodgesti	met. "

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Days

11. Total time (yaars)

spent in this

occupetion ...

9.3.5

If LESS than

I day.....hrs.

or____min.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

Registration Dist Nn

(Month) (Day) I HEREBY CERTIFY. That I attended deceased from

to have occurred on the date stated above at The PRINCIPAL CAUSE OF DEATH and related causes of imnortance were es follows

Date of enset Other Contributory Causes of Importanca:

Nema of operation What tast confirmed diagnosis?

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicida, or homicide?______ Date of Injury______ 19_____ Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury_____

24. Was disease or injury in any way related to occupation of deceasad?

If so, specify ... (Address) __ L

may back that instructions See plain important. i. OF DEATH very CAUSE LION

supplied.

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

ID. Date deceased last worked at

12. BIRTHPLACE (city or town) ___ (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION OR REMOVAL

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address)

Months

(or) WIFE of

7. AGE

OCCUPATION

HER

FAT

ER

MOTH

carefully pe should -WRITE

ARGIN

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RETREATIVE			
Other contributory causes of importance:		Other contributory causes of importance:	ENE
Gallstones	May 1,1923	Gastroenteritis	1 year

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important

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The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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BUREAU X.	8. 0.			
Other contributory causes of importance:	1.7	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	Allegany		THIN CORP	ORATE LIMITS (159) Registration Dist. No.
Village or Langth of re	7		(I	No. Memorial Hospital St. Ward f death occurred in a horpital or inslitution, give its NAME instead of street and number) s. 2 ds. How long In U.S. If of foreign birth? yrs. mos. ds
2. FULL NA	ME Margare	t Linn, fth St.	, City	St., 6 - 2Ward.
PERSON	NAL AND STATIST	(Usual place		If nonresident give city or town and State
3. SEX	4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH
Female	White		RIED, WIDOWED, D (write tha word) gle	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, wido HUSBAND of (or) WIFE of	wad, or divorcad		15	22. I HEREBY CERTIFY. That I attended decassed from 19.33, to 12.0 19.33
	(month, day, and year) ars Months	Bebruar	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7:10 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9. Industry or work was SAW MI	ty or town) Cumber	land,	ma (years) it in this pation	Other Contributory Canses of importance:
13. NAME	Villiam G. I			muslue felila
(Stata o	country) Me	ryland		Nama of operation Date of
15. MAIDEN NA 16. BIRTHPLACE (State of	(city or town)	et Reck	ley,	23. If death was due to external causas (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
17. INFORMANT(Address)	Memorial Hos Cumber <u>lan</u> d	pital Md.		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	LALL COM	Date Felt.	21,1935	Manner of Injury
19. UNDERTAKER (Address) 20. FILED 22	mis Ste Ism Feed 21,1035 A	In Inc	HOlense Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address)

V. S. No. 1

B.—WRITE

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

C.L. Owans

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 MAR 6 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		1

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1 N. B.—V

THE THE STATE OF T		450	-
County Mllegann	WITHIN CORPO	RATE LIMITS Registration Dist. No.	4
Village or City Control	land	No. 765 Smanley of Mrs.	5 Ward
Harry Control of the	24	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where de	eath occurred syrsmos	ds. How long in U.S. if of foreign birth?r	nosds.
2. FULL NAME Anna	ne many or	radre	
(a) Residence: No. 76 V	1 ar y Jack	ast 5 Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ferral 1. COLOR OR RACE Terraly 1. COLOR OR RACE 1. L.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word)	21. DATE OF DEATH Feb 3 (Month) (Day)	., 193.5
5a. If married, widowed, or divorced	0	(month)	(1001)
HUSBAND of Halter A	madon	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, end year)	m31 1884	I last saw h allve on allve on 30 1939	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at	
50 8	d l dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or particular	-/ -/	weig as luliums.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tonsimbe	(mones lembourshit ,)	apre
9. Industry or business in which	2771	sit acut manded	gun
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1/ Itme		Jours
- I this occupation (month one	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	isselle 11 3/	0	
(State or country)	IL. Va.	Money Endrurket	aus
13. NAME I serce my	ller		gen
13. NAME ALCE MY 14. BIRTHPLACE (city or town)	messillen	Name of operation Dete of_	
(State of country)	17.0a	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME LACY F	olta	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
0 16, BIRTHPLACE (city or town)	mesmille	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	M. Va	Where did Injury occur?	
17. INFORMANT Halter a. (Address)	madne.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	
18. BURIAL CREMATION, OR REMOVAL		Manager of the Land	
Place Hellaris Cis	Date 2/6 ,19 33	Menner of injury	
J H.	19		
19. UNDERTAKER	I me.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) thinks	Jana 700	If so, specify the state of the	2
20. FILED Leb 5 , 1935	Varuey A Vleun	(Signed) Curity the net	M. D

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritontis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

to he parmin

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	013

1. PLACE OF DEATH	WITHIN CORD	(31)		
County Allegany.	MILITIN CORP	DRATE LIMITS	Registration Dist. No.	4
Village or City Lumbe	sland	No. 749 Man	won, give its NAME Instead of street	Ward
Length of residence In city or town where death or	ccurredyrsmos	sds. How long in U.S. if o	of foreign birth?yrs	mosds.
2. FULL NAME Robert le	o. Inc adn	mod		
(a) Residence: No. 749 San	Usual place of abode)	Ward.	If nonresident give city or tow	
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	ГН
	NGLE, MARRIED, WIDOWED, VDIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 J
5a. If married, widowed, or divorced	/			(1,411)
HUSBAND of Cor WIFE of Clare So de	mis 1865	Jan. 20	CEBTIFY, That I atta	inded deceased from
6. DATE OF BIRTH (month, day, and year) +1	2-11, 1869	I last saw h Annual alive on	Feb 4 ,19	اکے: death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state		
69 65 11 24	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of importance	Bate of ensat
Z Trade, profession, or particular	0 .	useu	u quia	Falso.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	ngmeen	*		30
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and				31
ID. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	^ _	Other Contributory Causes of imp	ortance: Resport -	to back
(State or country)	1/2.	and	·	
13, NAME Orto 1 Small	Edgass		Selores	grad
	P		D.4.	
14. BIRTHPLACE (city or town)	as	Name of operation	Vato	3 OT
	7-1-000		Was the	
I	Mina.		uses (VIOL ENCE) fill In also the fol	
16. BIRTHPLACE (city or town)			Date of injury	, 19
(State of County)	C/ · x	Whare did Injury occur?	(Specify city or town, county ar	nd State)
17. INFORMANT Mo ada lo. (Addrass) Comberl	Lens.	Specify whather injury occurred i	n INDUSTRY, In HOME, or In PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cem Date	Fel \$,1935	Manner of injury		
19. UNDERTAKER domo Stein	1 9ma 1.		vay ralatad to occupation, of decease	d?
(Addrass)	nd	If so, specify	-1 11	
200 Theh 1 1935 Sla	rung A Mee	(Signad)	Kog. Vr Jos)м. г
	Registrar.	(Address)	ceser y p	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
	mug 1,1920	The state of the s	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

certificate.

See instructions on back of

TION is very important.

should state of OCCUPA.

Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(P)
County allegany. WITHIN COP	RPORATE LIMITS Registration Dist. No.
Village or City Caroland.	No. Alleson Hospitalst. 4 Ward
	If death occurred in a hospital dinatitution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth? vrs mosds.
Length of residence in city or town whare death occurredyrsm	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / Milland / Automo	e mellfreh
(a) Residence: No. 228 marghand (Vignal place of abode)	USt., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DI YORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
1 1	1934, to Tall 1938
6. DATE OF BIRTH (month, day, and year) And - 1854	i last saw h land allve on 1939; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data statad above, at1_1Pm.
80 5 — ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	fratur of A. Jenus.
SAWYER, BOOKKEEPER, etc.	due to an obsidental ffall ever
work was done, as SILK MILL hunt marketh	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL NUM NAME 10. Date deceased last worked at this occupation (month and Manager year) occupation occupation	Duration: From Desember 25th, 1934 to February 11th
O, A-A	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) + Manual for (
(State or country)	Mema
14. BIRTHPLACE (city or town) - Ftm Latre Q	
4 14. BIRTHPLACE (city or town) + trustane	Name of operation Cook Date of Date of
(State or country)	What tast confirmed diagnosis Curred Hafre was were an autopsy too
15. MAIDEN NAME LAND Browning 16. BIRTHPLACE (city or town) telintations	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) thirtheaten	Accidant, suicida, or homicide? accident. Date of injury percent, 1934.
∑ (State or country)	Where did injury occur? Camberland, alkany County, maryland,
17. INFORMANT Rosave In Elfish	(Specify city of town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) mohner .	in public place; on paroment, is street, of Cumborland.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury accidental falls near his bones
Place Date TT 195,	Nature of injury frosture of right famous,
19. UNDERTAKER John Stern Jose	24. Was disaase or injury in any way palated to occupation of deceased?
(Addrass) Compared	If so, spacify A
20. FHED Tel 13 195 Dancey A March	(Signed) Allumetusum M. D.
, , , , , , , , , , , , , , , , , , , ,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	400		
Other contributory causes of importance:	- 2.4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH County. Village or City. No. No. Ward Length of residence in city or tong where death occurred. J. M. Marting in U.S. If of foreign birth? A. Ward. Registration Dist. No. Ward Length of residence in city or tong where death occurred. J. SEX. A. COLOR OR MACE S. SINCLE, MARRIED, WHOWED J. SEX. A. COLOR OR MACE S. SINCLE, MARRIED, WHOWED O(Noth) ON DIVORCED (crity) the word) S. If married, widowed, or divorced HUSBAND or O(Noth) A. C. DATE OF BIRTH (month, day, and year) T. AGE Vers Months Date of mest In June 11 and the contract on the date stated above, as a live on. J. J	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01351
Village or City Village or City Length of residence in city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX SEX Length of widowed, or divorced (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX Length of widowed, or divorced (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH (Month) (Day) (Year) 23. If matriced, widowed, or divorced (city will be compatible word) (Wear) 24. DATE OF DEATH (Month) (Day) (Year) 25. If HER EBY CERTIFY, That I attended deceased from the date stated above, at the continuous of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the control of the date stated above, at the control of the control	1. PLACE OF DEATH	(23)
Langth of residence in city or town where death occurred	County allegans SIIWIT 31	Registration Dist. No.
Langth of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. Country free of abods PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR PACE S. SINGLE, MARKED, WIDOWED, OR DIVORED Gwing the word? 5. If married, widowed, or divorced HUSBAND of Corp in the word? 5. If married widowed, or divorced HUSBAND of Corp in the word? 5. If married widowed, or divorced HUSBAND of Corp in the word? 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. Andrew Fig. BookkeeFig. etc. Solver, Bookk		
2. FULL NAME (a) Residence: No. (b) Chalippee of abody V SE. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR MACE (b) Like Simple of Divorced (Month) (c) Not Divorced (Month) (c) Not Divorced (Month) (c) Not Divorced (Month) (d) Not D		
(a) Residence: No. Caraliplice of abode V PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR MACE OR DIVORCED Compis the word) OR DIVORCED Compis the word of the date stated above, at	P 00 C 6	,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR MACE OR DIVORCED (engighte word) Sa. If married, widowed, or divorced HUSBAND of white of control widowed, or divorced (or) WIFE of 5. If married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	(a) Residence: No. 7 H A7 A	
5a. If married, widowed, or divorced HUSBAND of (Or) wilfe of Corn with Gray (Year) 5a. If married, widowed, or divorced HUSBAND of (Or) wilfe of Corn wild of Corn wilfe	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. orhrs. orhrs. or		2-10-195
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular Midd of work dome, as SPINNER, SWYER, BOOKERFER, etc 9. Industry or business in which work dome, as SPINNER, SWYER, BOOKERFER, etc 10. Data decessed last worked at this occupation (month and year) Say Trade, profession, or particular Midd of work dome, as SPINNER, SWYER, BOOKERFER, etc 9. Industry or business in which work dome, as SPINNER, SWYER, BOOKERFER, etc 10. Data decessed last worked at this occupation (month and year) Say BILL, BANK, etc. 11. Total time (years) spent in this occupation. Country 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury.	5a. If married, widowed, or divorced HIISRAND of	
7. AGE Years Months Days If LESS than 1 dayhrs. ormin. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAW MILL, BANK, etc. 10. Data decessed fast worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city frown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury		1 HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than 1 dayhrs. ormin. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAWYER, BONKEPER, etc you work was done as SPINNER, SAW MILL, BANK, etc. 10. Data decessed fast worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city frown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury	6 DATE OF RIRTH (month day and year) 7. 1 9- 1913	Hast saw hast alive on 2 - 4 > 19 35 death is said
B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Data deceesed last worked at this occupation (month and year). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Data of miportenee. Data of esset of links: Other Coatributory Causes of importance: Wed es follows: United the second last worked at this occupation (work done, as SPINNER, SAWYER, BOOKKEFPER, etc) Other Coatributory Causes of importance: Other Coatributory Causes of importance: 17. INFORMANT (Specify in town). (Specify city or town). (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury.		20
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business in which work was done, as SPIK MILL, SAW MILL, BANK, etc 10. Data decessed last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city frown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury		word as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	SAWYER, BOOKKEEPER, etc.	Villianty Sin-
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country)	work was done, as SILK MILL, SAW MILL, BANK, etc.	- A
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Other Coatributory Causes of importance: Other Coatributory Causes of importance: Name of operation Name of operation What test confirmed diagnosis? What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury Menner of injury		We the work
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Name of operation What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	year) occupation	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Name of operation What test confirmed diagnosis? What test confirmed diagnosis? (IGLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Menner of injury Menner of injury		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. Whener of injury 19. Wenner o		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. Whener of injury 19. Wenner o	I face of the figure	70-12
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 23. If death was due to external causes (VIGLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	(State or country)	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Menner of injury	15. MAIDEN NAME	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Menner of injury	16 RIRTHPLACE (city or town)	
17. INFORMANT	E (Stata or country)	Where did Injury occur?
menner of injury		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
		Menner of injury
Plecast Anny Date Feb. 1.3, 1935 Nature of Injury	Plece St. Umy Date Feb. 13., 1935	Nature of Injury
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 22 &	19. UNDERTAKER LE SOL MESSAL	24. Was disease or injury in any way related to occupation of deceased? 228.
(Address) If so, specify If so, specify	(Address) Justing ma	Tim - + Di
20. FIEDLE 12, 19.35 (Marsey N Muse Registrar, (Address) Chamberland, Inc.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8 ISS			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE.

(Address)

of infor-

item

Every

STATE OF MARYLAND—CERTIFICATE OF DEATH 01352 OCCUPA-1. PLACE OF DEATH County Allegan plnods Village or City PHYSICIANS Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) brucare certificate. properly 7. AGE Years Months If LESS than Davs 1 day, hrs. 2110 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ may back 11. Total tima (years) spant in this 10. Data deceasad last worked at on this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) plain (State or country) maryland mation should be carefully MOTHER important. 15. MAIDEN NAME in CAUSE OF DEATH 16. BIRTHPLACE (city or town). (State or country) avy 17. INFORMANT very (Address) REMOVAL FION is 19. UNDERTAKER

Registration Dist. No.	4
ND St., eath occurred in a harpital or institution, give its NAMD instead of street and ds. How long in U. St of foreign birth?	
iller	
St., Ward. If nonresident give city or town a	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
(Month) (Day)	, 193
22. I HEREBY CERTIFY, That Jattende	
	: death is said
to have occurred on the date stated abova, at 12 m.	, death is said
The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
were as follows:	Date of onset
Att of I	
Other Coutributory Causes of Importance:	
Other Countries of Importance.	
3 mes. muscamango	
Name of operation Data of	
What test confirmed diagnosis? Was thera a	n autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the follow	
Accident, suicida, or homicide? Date of Injury	
Where did injury occur?	
(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
Manner of injury	
Nature of injury	
24. Was diseasa or injury In any way related to occupation of deceased?_	
If so, specify	
(Signed) Wulter 85. Juliu	M. D.
(Address) 6 8 Reusling	us'
N. C. I. C. P. II. P. G. A. V.	

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FI	URTHER S	STATEMENTS	BY	PHYSICIAN
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	Example II	-1-1714
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
•		1.1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

County Allegany City Limits Registration Dist. No. Village or City Cumberland. Md No. Rout Two (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME James.W.Offutt (a) Residence: No. 2 Miles East of cumberland. Mdward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White Single, MARRIED, WIDOWED, OR PLYPRED Survice the word) 58. If married, widowed, or divorced 1930 Registration Dist. No. Manuelland State and number) Medical Certificate Of Death Feb. First. 1935 (Month) (Day) (Year)
Village or City Cumberland. Md No. Rout Two (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs mos. ds. How long in U.S. If of foreign birth? (a) Residence: No. 2 Miles East of cumberland. MdWard. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 4. COLOR OR RACE White 4. COLOR OR RACE OF MARRIED, WIDOWED, OF MARRIED
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred yrs. mos. ds. 2. FULL NAME James W. Offutt (a) Residence: No. 2 Miles East of cumberland. MdWard. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White S. SINGLE MARRIED, WIDOWED, Or DEATH Teb. First. 1935 (Month) (Day) (Year)
2. FULL NAME James.W.Offutt (a) Residence: No. 2 Miles East of cumberland. MdWard. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male White S. SINGLE, MARRIED, WIDOWED, ON DAY OR FED Survice the word) 5e. If married, widowed, or divorced 1. DATE OF DEATH Teb. First. 1935 (Month) (Day) (Year)
(a) Residence: No. 2 Miles East of cumberland. Mdward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, Or DLYONGED during the word) 5. SINGLE, MARRIED, WIDOWED, Or DLYONGED during the word) 6. If married, widowed, or divorced
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(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White So, SINGLE, MARRIED, WIDOWED, O'MONO RECED Survice the word) 5e. If married, widowed, or divorced (Month) (Day) (Year)
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, ON DEVORCED Survice the word) 5. SINGLE, MARRIED, WIDOWED, ON DEVORCED Survice the word) 6. If married, widowed, or divorced (Month) (Day) (Year)
Male White Or Mayorce Gwrite the word) Feb. First. 1935 (Month) (Day) (Year)
5e. If married, widowed, or divorced
So. II married, miconed, or divolced
HUSBAND of Myria. Offutt 22. HEREBY CERTIFY, That I attended deceased from 16 1935, to Fit 1 1935
6. DATE OF BIRTH (month, day, and year) June . 2.1872 last saw have alive on for 70 Pm
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin. were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER ettred SAWYER, BOOKKEPER, atc Retired
SAWYER, BOOKKEEPER, etc. The GITEG
kind of work done, as SPINNER etired SAWYER, BOOKKEEPER, etc. Retired Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at she can be seen the companion month and seen this occupation (month and seen this correction).
year) occupation ,
Other Coutributory Causes of Importance: 1932
12. BIRTHPLACE (city or town). Md Organic Much District States or country)
I I
14. BIRTHPLACE (city or town) Date of
(State of county) What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Allis. Seymour 23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME ATITES SEYMOUT 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury
where did injury occur?
R.C.Offutt Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cumberland. Md
18. BURIAL, CREMATION, OR REMOVAL Manner of injury
Place Rose Hill Date Feb. 4.1935 Nature of Injury
John C Wolford
19. UNDERTAKER 24. Was disease of injury in any way related of occupation of declaration of decl
All some special services and the services and the services and the services are the services and the services are the services and the services are the servic
20. FILED Lele. 4., 1995 Saxue Mess (Signed) (Signed) M. D. Registrar. (Address) Queller James (M. D.
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SUPERII V 6			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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RP	ORATE LIMITS (31)
	Registration Dist. No.
711	No. 730 DEAGTICAL St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	
1//	
KI	
	St., 5 Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
1	(Month) (Day) (Year)
-	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attanded deceased from
	013-193010 0- 14-1935
2	I last saw here alive on 2 - 3 - 1935; daath is said
п	to hava occurred on the data stated abova, a 3.5.5.
hrs.	The PENCIPAL CAUSE OF DEATH and related causas of Importance
	La Toma Myplantiles Date of onset
	Tronge to bestry
	asterio selendais an-
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	Deabeter Welliting Russing
	Other Contributory Causes of Importanca:
1	1 A
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	7 703
	Name of operation. Date of
	What test confirmed diagnosis? Thy Et Au Was there an autopsy 15
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	opening mathematical management, in Home, of the object of Engl.
	Manner of injury
30	Nature of injury
	· · · · · · · · · · · · · · · · · · ·
	24. Was disaase or injury In any way raiated to occupation of deceased?
-	If so, specify
-Box	(Signad)
	(Address) Lunterland, PUX,

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SURFAIL V. E.			
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PLACE OF DEATH

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Registration Dist. No. (If death occurred in Village or City Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCE (Write the word) (Month) (Day) 6 DATE OF BIRTH That I attended the deceased from (Day) (Month) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 QCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from RENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place. OF MOTHER State ... of death yre......ds. (State or Country) Where was disesse contracted, if not at place of dea.h?. Former or usual residence. (Informant) DATE OF BURIAL PLACE OF PORIAL OR REMOVAL DDRESS Registrar

If more bianks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

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Every

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. nature of the business or industry, and therefore an household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No/1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	l ₂		
Other contributory causes of importance:	0,222,2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUDDALL V. S.			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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BURFAU V. S.			
Other contributory causes of importance:	-13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01361
M)		County Alegan	
~	of OCC	County allgang	Registration Dist. No.
2)	sho sho	Village or City flostburg	No. S. Was St. Wa death occurred in a horpital or institution, give its NAME instead of street and number)
	200 -	the state of the s	ds. How long in U.S. if of foreign birth?
R	Eve MAI	2. FULL NAME Bales Bev	5
	D. SIC	(a) Residence: No. 5 Water	T_St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
_	REC Exac	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	L	T-end while OR DIVORCED (write the word)	1-ek/> 19335
RECORD. Ever. PHYSICIAN Exact statemen	5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)	
DI	A C A C ussif	(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
Z	GXE.	6. DATE OF BIRTH (month, day, and year) Fel 191931	t lest sew h. secalive on Feel 12 1932 : death is se
	PF d F erly cate	7. AGE Yaars Months Days tf LESS than	to have occurred on the data stated above, at 705 7 in.
OR	S A ate	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
_	00 00 00	& Trade profession or particular	Oate of one
E	H	SAWYER, BOOKKEEPER, atc.	Trematurely
RV	oulc may back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this prograption (month and	
SE	Sh sh	10. Date deceased last worked at this occupation (month and spent in this	
RE		yaar) oscupation	Other Contributory Causes of Importenca:
Z	So so retic	12. BIRTHPLACE (city or town) + // / / / / / / / / / / / / / / /	
KGI	FA] lied. ms, stru	(State or country)	
AF	D # 4 "	E	
3	TO	(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
	WITE full n pl	15. MAIDEN NAME/ exonica: y Bugh	23. If daeth was due to axternal causes (VIOL ENCE) fill in also the following:
	Y, are H in rta	16. BIRTHPLACE (city or town)	Accident, sulcida, or homicida? Deta of injury19
	AT AT	E (State or country)	Where did injury occur?
		17. INFORMANT / Yards 4 Rest	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	F-7 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
		Placa Deta Deta 1994	Natura of injury
-	mation CAUSI TION	19. UNDERTAKER Trank Keits (Fallin)	24. Was disaasa or Injury in any way ralated to occupation of daceasad?
No.	B.	(Addrass)	If so, specify
> \(\frac{1}{2}\)	ZT	20. FILED /18 , 1935 UIT, Malling	(Signad) M. M. M. (Address) M. M.

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BUFPAH V S	5		
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	1		

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			The second

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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		THE AND I OF A PROPERTY WILDSEN	T A AVECUETA	מויים אים ד	3
ż	N. B.—WRITE PL. TY, WITH UNFADING INK—THIS IS A PERMA	WI'M UNFADING	INK-TH	IS IS A PERM	Y
1	mation should be carefully supplied. AGE should be stated EXA	fully supplied. A	JE should l	be stated EXA	4
1	CAUSE OF DEATH in plain terms, so that it may be properly class	n plain terms, so tl	lat it may h	e properly clas	88
-	TION is very important. See instructions on back of certificate.	nt. See instruction	is on back o	of certificate.	

STATE OF MARYLAND	CERTIFICATE OF DEATH	11363
1. PLACE OF DEATH	107-0	
County Allegann	Registration Dist. No. 0	
Village or City Lancuaring, Mid	NoSt.,	Ward (
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NAME Jaseph S. Vavle	rtson	
(a) Residence No. / Change Milliage of abody	S. St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jef. (Day)	, 193 (Year)
56. If married, widowood, or divorced HUSBAND of (or) WHEE OF Rebeccas Johnson Roberton	1 HEREBY CERTIFY, Jhat lattended	19.35
6. DATE OF BIRTH (month, day, and year) TUS 3 1868	1 2.46	; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
06 2 ormin.	were as follows: Burnellates	Date of greet
8 Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	acue remercus	120/35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and spant in this		
10. Date deceased last worked at this occupation (month and 1931 spant in this occupation was spant in this occupation when the spant in the spant in this occupation was spant in this occupation.		
12. BIRTHPLACE (city or town) Dunieland	Other Contributory Causes of Importance:	1-
(State or country)	Bronko preummo	1/27/33
14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) / 1000a Scotia	What test confirmed diagnosis? Was there an a	iutopsy?
15. MAIDEN NAME Lean Surdon 16. BIRTHPLACE (city of town) DIVA Section (State of country)	23. If death was due to external causes (VIOL ENCE) fill in also the following	
State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANTINA are of S. Robertson	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place (DUK Hell Cinetery Date Freb. 4, 1935	Manner of injury	
19. UNDERTAKER Milliochhoru (Address) Loracomaraetto	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Feb. 2, 13 5 E. Don Glorgin, Registrar.	(Signed) M. Midlaud - Manylaus	✓ M. D.
If more block on model allow State Prince	N Charles Comp Baling B. W. S. W.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	WITHIN CORPO	RATE LIMITS (66-60)	
County Allygany		Registration Dist. No.	4
Village or City Common	and.	ND. 336 Central Arcst, f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death	110		
2. FULL NAME Henry	A Roman		
(a) Residence: No. 33 b Cont	(Usual place of abode)	St., St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Small Colored	SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carry	mard.	22. I HEREBY CERTIFY. That I attended Feb. 1925, to Feb. 2.2	deceased from
6. DATE OF BIRTH (month, day, and year)	1678	I last saw h alive on	: deeth Is sal
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at I	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	mtn.	Coula Bronchiti	Data of onset
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10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Jeffers (State or country)	m con Va	Other Contributory Canses of importance:	
13. NAME Cartin Rom	m		
13. NAME LAST ROOM 14. BIRTHPLACE (city or town) Jeffer (State or country)	son to 11 Va	Name of operation	
E 15. MAIDEN NAME			
15. MAIDEN NAME	hum	23. If deeth was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Rang Rome	and .	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ite) LACE.
18. BURIAL CREMATION, DR REMOVAL	il ale a	Manner of Injury	
Marines Me 14. 10	de // / 2 , 1935	Neture of Injury	
19. UNDERTAKER Armi Stein	me.	24. Was disease or Injury In eny wey related to occupation of deceased?	The
20. FILE 23, 1835 Here	usy Here	(Signed) A LONG (Hollowers)	D.M.

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V. S. No. 1

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALI V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	No.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Village or	Allegan; city Cumberlar	nd. Md	Registration Dist. No. No. Allegany Hospital St., Wall death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of re	sidenca in city or town where	death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrs	mos
2. FULL N		. Sharron.		_
	nce: No	(Usual place of abode)	St., Ward title Cycles. If nonresident give city or lown	
	1	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Male Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Feb. 26.193	5 , 193 (Yaai
5a. If married, wide HUSBAND of	wed, or divorced	arron.	22. HEREBY CERTIFY, That atte	nded deceased
5a. If married, widowed, or divorced HUSBAND of Florance Sharron. (or) WIFE of				
6. DATE OF BIRTH	(month, day, and year)	Aug.11.1860	Llast saw h slive on	; death is
7. AGE Y	Months 6	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a 5 • 10 • Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of
8. Trada, prof kind of SAWYE	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which	Retired Farmer	Chronic Tryocardite	0 1/9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.		•••••		
O this occ	sed last worked at upation (month and	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) 13. NAME Edward Sharron.			Other Contributory Causes of importance:	
14. BIRTHPLACE (city or town) England (State or country)		Emgland	Name of operation Date What test confirmed diagnosis? Was there	
15. MAIOEN N	AME Flora	nce.Hare	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME FIORAICE - HAPE 16. BIRTHPLACE (city or town) England (Stata or country) 17. INFORMANT Mrs Ora Ryne (Address) Paw Paw Wva			Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19.
			(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE,
18. BURIAL, CREMA		Date Mar / .1935	Manner of injury	
19. UNDERTAKER _ (Address)	Eph Smith Emgle Sm	Ith Pa	24. Was disaasa or injury in any way related to occupation of deceased	1?
20. FILEDELL	27 1935 00	erus IN Mei	(Signed) A. Will person	Rip

CTATE OF MADVI AND

CEDTICICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR W 1105			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01367
1. PLACE OF DEATH	(3)
County allegany.	Registration Dist. No.
Village or City floragoning	No. St. Ward
Length of residence in city of town where death occurred 5 J yrs - mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James of July	Jan.
(a) Residence: No. Carallering, Walley	U. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Thile White Graned	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of	
(or) HIEE of Plumie Symons	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 1866	III 7
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 60 m.
68 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 rade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome hephritie 1933
Andustry or business in which work was done, as SILK MILL	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAMYER, BOOKKEEPER, etc. Junual of the second sec	
this occupation (menth and) 5,1424 spent in this wear) - 4 44	4
12. BIRTHPLACE (city or town) Mora Scotia	Other Contributory Causes of importance:
(State or country)	
13. NAME Janual Sloan	
14. BIRTHP(ACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 1
15. MAIDEN NAME Margaret Hotules 16. BIRTHPLACE (city or town) Janua Scutin	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) - Java Scutiu	f
(State or country)	Where did injury occur?
17. INFORMANT Aliss Marquett Swan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Langtoning Mil	} -y
Place Ille fary Cerulupate 224/6. 10,1933	Manner of injury
M. 1 6 1/1/1	Nature of injury
19. UNDERTAKER (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
21 351 50 518	(Signed) / Hury and fodger M.D.
20. FILED //O 193 (2. Von gluf UV) Resistrar.	(Address) A marking, md
The more blanks are model allow Co. D.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01388
1. PLACE OF DEATH	BATE LIMITS (B)
County allegany.	Registration Dist. No.
Village or City Control	No. 146 Audisch St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 13 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Voler transes so	mth.,
(a) Residence: No. 146 + reducing (Usualplace of abode)	St., # Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 08 DIVORCED (vorice the word)	21. DATE OF DEATH Feb. 7 1935
5a. If married, widowed, qs divorced	(Month) (Day) (Year)
HUSBAND of Gengie Clark	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) April 23 1856	I last saw how elive on Fut 5 , 193 , deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et
2 A 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade, profession, or particular	were as follows: Une Conseq Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	4
Andustry or business in which	7931
work was done, as SILK MILL, Author 9 yes.	
SAWYER, BDOKKEEPER, etc SAWYER, BDOKKEEPER, etc SAWHILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this	
yeer) occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Charfield (D	Other Coutributory Causes of importence:
(State or country)	Murin Nebbrit - + 14
13. NAME John Smath	Centerio Selvis
E O	
[14. BIRTHE (ACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
I IS. MAIDEN WANTE GOVERNMENT OF THE PARTY O	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Shartha Rued. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Siele of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Afterget Should	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place/orllerent Country Date /// , 19-3	Nature of injury
10 HADERTAKER Lanis Strain 1 games.	24. Wes disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AMAS SHIP (Address)	If so, specify
Help of the xon	(Signed) That I I I I M. D.
20. PHED 9 , 1955 Aurung Registrar.	(Address) Leccet Tund Met

CEDTIFICATE OF DEATH

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUREAU V. S	78		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	-0	0	19	16
U	7	.1	12	9
13	-th		V	4/

County.	allegai	uf	Registration Dist. No. 12
Village	or City Dried	and	NoSt.,Wai
Length of	f rasidanca in city or town where	daath occurred vrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL	Da	100	1
		ellon spil	A) 19 1
(a) Kes	idence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5a. If marriad, w HUSBAND	vidowed, or divorced		
(or) WIFE	of	Water the Colonia	22. I HEREBY CERTIFY, That I attended deceased fr
C DATE OF BUR	7	d. 23-1935	
7. AGE	Yaars Months	Days If LESS	
	Second III	1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, p	profassion, or particular of work done, as SPINNER,		Date of on
o kind SAW	of work done, as SPINNER, YYER, BOOKKEEPER, atc		Dontanens almin
9. Industry	or business in which		
	k was dona, as SILK MILL, / MILL, BANK, etc ceased last worked at	13. Takal Aima (uran)	
	occupation (month and	11. Total time (years) spent in this occupation	
200 1/100		Land	Othar Contributory Causes of importance:
12. BIRTHPLAC	E (city or town)	Cara,	
1	04-101	ber.	
E		illand my	
(Sta	LACE (city or town)		Name of operation Data of Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN	NAME Rutil	Corrigan	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN 16. BIRTHPI	LACE (city or town)	dende mid	Accident, suicida, or homicide?
∑ (Sta	ta or country)		Whare did injury occur?
17. INFORMANT (Address		t Spiker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRE	MATION, OR REMOVAL		Manner of injury
Place		Date,1	
19 UNDERTAKE	R		24. Was disease or Injury In any way ralated to occupation of decaased?
(Address			If so, spacify
20. FILED M	an 4 1935	Rolling	(Signad) M. Arwung M.
		Regist	ar. (Address) Midland

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Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUDEAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

-WRITE

1. PLACE	OF DEATH		<u> </u>	
County	ALLEG AN	Y WITHIN CC	Registration Dist. No.	4
	r City CUMBER		No. MEMORIAL HOSPITAL St., 6	number)
	residence in city or town wher	e deeth occurredyrs,m	osds. How long in the S. if of foreign birth?yrs	mosd
2. FULL N		TOPEN OF OF	trawell	
(a) Resid	dence: No. 309 I	NDEPENDENT ST. (Usual place of abode)	St., Ward. If nonresident give city or town an	10.
PERSO	DNAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d State
3. SEX MALE	4. COLOR OR RACE WHITE	5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 23,	, t93 5
5e. If merried, wid HUSBAND of (or) WIFE of	dowed, or divorced		22. I HEREBY CERTIFY, Thet I attended	
	Years Months	February 23,193 Days If LESS then I day,hrs ormin.	to have occurred on the dete steted above, et 3:00 AM	; death is sai
SAWY 9. Industry of work of SAW M SAW M 10. Date dece	ofession, or perticular of work done, es SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc peased lest worked et ccupetion (month and	11. Total time (yeers)	Sufferet: aborter premature,	Date of onse
1113 00	(city or town) MAR	spent in this occupetion YILAND	Other Cantributory Causes of importance:	
t 3. NAME	Fred Q	Hayer		
1 (State	ACE (city or town) or country)	Ohis	Neme of operation Dete of Whet test confirmed diagnosis? Was there an	
		IE STRAWSER MARYLAND	23. If death wes due to external ceuses (VIOLENCE) fill in elso the followin Accident, suicide, or homicide? Dete of injury	g:
17. INFORMANT (Address)	MEMORIAL H	OSPITAL ERLAND, MD.	Where did injury occur? (Specify city or town, county and State of State of the St	ate) .ACE.
PHOSE 2	ATION, OR REMOVAL	Joan Fel 23, 1935	Menner of injury	
19. UNDERTAKER (Address) 20. FILED	23,135 X	gland med armen & Dan	24. Was disease or injury in any way releted to occupation of deceased? If so, specify (Signed) Augh Reyntlds	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

		4.			
	N. BWRITE PLAK Y, WITZ UNFADING INK-THIS IS A PERMANENT REG. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
)	very it	ANS	nent of	13.	3/19
4	D. E	IYSICI	staten	20	100
•	r RE	Y. PI	Exact		3
MARGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.		OSTATE OS
FOR BI	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	7
VED	THIS	ld be	iy be	ck of c	MOLTAG
ENER	INK	E shou	it it ma	on pa	311000
N N	DING	d. AG	, so tha	uctions	1
MARG	UNE	supplie	n terms	ee instr	ATUED
3	WIT	efully	in plai	ant. S	a loan.
	X,	be car	EATH	import	200
	E PLA	pluods	OF D	S very	1
	-WRIT	mation	CAUSE	TION i	1
V. S. No. 1	N. B.		19	7	1

1. PLACE OF DEATH County Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01373
Village or City. Length of residence in city of tony pulsage death occurred Jeff 2, mos	1. PLACE OF DEATH	(82:00)
Length of residence in city who where death occurred of first and unmber) Length of residence; No. 2. FULL NAME (a) Residence; No. Local Particular (Usual plane) (Usu	County Aleganny	Registration Dist. No.
2. FULL NAME (a) Residence: No. (Clinal place of a back) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKITD, WID DWED COLOR OF BORD BY COLOR OR BORD COLOR OF BORD	(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. County of town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DIVERSED Joins to mostly 53. If memorial, videous, or devocated from the state of the s	Length of residence in city or town where death occurred 10 Arsmos.	ds. How long in U. S. if of foreign birth? yrsmos ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 6. DATE OF DEATH 1. COLOR OR RACE 1. S. SINCLE, MARRIED, WIDOWED OR DYORCED (graft the word) 52. If married, widowed, or diverced HUSBARDOT ((a) white of ((a) white of ((b) white of ((c) white ((c) white of ((c) white	2. FULL NAME Susanna leas	dale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 6. DATE OF DEATH 1. COLOR OR RACE 1. S. SINCLE, MARRIED, WIDOWED OR DYORCED (graft the word) 52. If married, widowed, or diverced HUSBARDOT ((a) white of ((a) white of ((b) white of ((c) white ((c) white of ((c) white	(a) Residence: No. (Usual place of abode)	
Sa. If merried, widowed, or devenced HUSANOVED (Month) (Day) (Vest) 5a. If merried, widowed, or devenced HUSANOVED 6. DATE OF BIRTH (month), day, and year) 7. AGE Years Months Days If LESS than 1 day. h. hrs. or min. 8. Trade, profession, or particular sind of work done, as SPINNER, Husanoved to have accoursed on the date stated above, at. D. 2 fem. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAVER, BOOKEEPER, etc. 10. Date deceed last worked as at SIK MILL, SAW MINLL, BARK, etc. 11. D. Date deceed last worked as at SIK MILL, SAW MINLL, BARK, etc. 12. BIRTHPLACE (city or town) (State or country) La BIRTHPLACE (city or town) (State or country) 13. MADE 14. BIRTHPLACE (city or town) (State or country) 15. MADEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Was there an autopsyy. 19. Was there an autopsyy. 19. What test confirmed diagnosis? 19. What test confirmed in INDUSTRY, in HOME, or la PUBLIC PLACE. (Address) 20. FILED JAM, 13. 19.55 S. Dry, Jampan 19. What sex disease or injury in any way related to occupation of daceased? 21. Manner of Injury 22. I HERE BY C E RT 1 FY. That I attended deceeds of two manuals of the same of		MEDICAL CERTIFICATE OF DEATH
5a. If merried, widowed, or diverced HUSEARP OF (OT) WIFE of SAMULA CASE (OT) WIFE of SAMULA CAS		Feb 10 1935
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or. min. S. Trade, profession, or particular sind of work done as SPINNER, SAWYER, BOOKSEPER, etc. S. HOURSEPER, etc. S. HOUR	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
T. AGE Years Months Days If LESS than I day hrs. or min. 8. Trade, profession, or particular Months SAFYER, BOOKEEPER, etc	6 DATE OF BIRTH (month day and year) (h. 1.25 1851	1 11
8. Trade, profession, or particular or min. 9. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SPINNER, or min. 9. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SPINNER, or min. 10. Data decessed last worked at this occupation (month and year) 11. Total time (years) business or min. 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL, CEMATION, OR REMOVAL (Address) 19. UNDERTAKER 19. UNDER	C Will Company	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 90 10. Date of ones keeper of a stilk MILL, SAW MILL, BARK, etc. 10. Date decessed last worked at this occupation (month and year) 11. Total time (years) span in this span in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Plece (AAL) Plece (AAL) Plece (AAL) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Total time (years) span in this yoccupation (years) What test confirmed diagnosis? Was there an autopsy? 23. If dash was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 20. FILED July 13. 13.3 July July July July July July July July	7.2 7 12 1	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
Dither Contributory Causes of importance:	8 Trade profession or particular	Uate of onset
Dither Contributory Causes of importance:	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
(State or country) 13. NAME Collaboration Collaboration	year) may 1730 occupation 80 yrs	Dther Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town)		
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	13. NAME Charles Turnes	
15. MAIDEN NAME Shoemaker 23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury, 19	14. BIRTHPLACE (city or town) Lulland	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Plece Caria Current Pale 13 , 1935 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED File 13 , 1935 (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of daceased? If se, specify (Signed) Herry M. Hoddyn. M. D.		
18. BURIAL, CREMATION, DR REMOVAL Plece Can Del Cemeteupste Type 13 , 19.35 Nature of injury 19. UNDERTAKER Proceeding the Company of the	17. INFORMANT / Day, Joseph Poland	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?(Specify city or town, county and State)
(Address) Landroung MS If se, specify 20, FILED Feb. 13, 1935 2, Orn Joseph (Signed) Henry In Hodeston M. D	18. BURIAL, CREMATION, DR REMOVAL	
20. FILED Feb. 13 1935 I. Don Jorgho (Signed) Henry by Hodyson M. D		
	20. FILED Fet. 13 , 1935 L. Don Jorgho (Registrar.	(Signed) Henry by Hodeston M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDGALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.—

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH Dr Trav
A110	93-c)
County	Registration Dist. No.
Village or City Cumberland. Md	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Louise. Thomas.	
(a) Residence: No. Narowas · Park · 2 M. (Usual place of abode)	Lles West Of warumberland. Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
Female White S. Single, Married, Wide or Divorced drite the	werd. 21. DATE OF DEATH Feb. 7.1935 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of Charles.E. Thomas.	22. HEREBY CERTIFY That I stynded deceased from
37 () 3 ()7/1	5 to 19
6. DATE OF BIRTH (month, day, and year, May 8.1874	S than to heve occurred on the date stated above, at 3.20 m Am
	S than to heve occurred on the date stated above, at
01	
8. Trede, profession, or particuler kind of work done, es SPINNER SAWYER, BOOKKEPER, etc. FLOUSE WIFE	Chronic myscardetes Jan 193
	July
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Otto Contlate Contations
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country)	
置 13. NAME Daniel.H.May	
13. NAME Daniel - H - May 14. BIRTHPLACE (city or town) Pa	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
5. MAIDEN NAME Julia Ringler	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Julia Ringler 16. BIRTHPLACE (city or town) Pa	Accident, sulcide, or homicide? Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Charley . E . Thomas . (Address) Cumberland . Md Rout One	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Myersdale Pa Date Feb. 9.19	Nature of Injury
John . C. Wolford	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Cumberland. Md	If so, specify 247
20. PILED 7 NB33 Planner NOTE	(Signed / // Cresaders M.D.
	istrar. (Address) in back of Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	138
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



UPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED N. B.-WRITE PLANLY

Registrati
red in a hospital or institution, give its NA i How long in U.S. if of foreign birth?
7
Ward. If nonresi
MEDICAL CERTIFICA
TE OF DEATH File (Month)
I HEREBY CERT
Tev alive on Trule
occurred on the date stated above, at/_ NCIPAL CAUSE OF DEATH and related follows:
) inlettes
patributery Causes of importance:
operation
h was due to external causes (VIOLENC
d injury occur?(Specify ci whether injury occurred in INDUSTRY, li
of injury (1)
isease or injury In any way related to o
ned) 3 2 2

ion Dist. No. AME instead of street and number) dent give city or town and State TE OF DEATH

(Oay) I F.Y. That I ettended deceased from

causes of Importance

Date of onset

E) fill in also the following: ... Oate of injury....., 19...

or town, county and State) n HOME, or In PUBLIC PLACE.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01	9	my	-
01	0	6	0

1. PLACE OF DEATH	WITHINGORP	ORATE LIMITE 54-6	
County Allegar	rj.	Registration Dis	st. Ng
Village or City Cannot	listand.	No. Messive of death occurred in a hospital or institution, give its NAME in	Ward of street and number)
Length of residence in city of fown who	ere death occurredyrs,mos	ds. How long In U.S. if of foreign birth?	yrsds.
2. FULL NAME Sara	W Vilgams	12	
(a) Residence: No. 504	(Uspriplace of abode)	Bot 6 Ward. If nonresident give	e city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Hemale White	OR DIVORCED (write the word)	(Month)	(Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	Mannoth	22. THEREBY CERTIFY.	That I attended deceesed from
6. DATE OF BIRTH (month, day, and year)	ma 8 1890	I last saw h W aliva on July 20	, 19 ; daath is said
7. AGE Years Months	~	to heve occurred on the date stated abova, at	m,
42 6	/2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	Honsenile	And I for	Date of ones
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	0/7/	Or and you	
SAW MILL, BANK, etc.	W Mills	Tost person	~
O 10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant in this occupation	Hysterectory for uterine febroids	and chronic fel-
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	Dther Contributory Causes of Importance: vice infla	onmation Divotors: un
12. BIRTHPLACE (city or town)		- A physles	Enound
1 1/2	Back.	I sty steriel	any:
Ξ	in land.	for selective franchis	
14. BIRTHPLACE (city or town) (State or country)	Va.	Name of operation	Data of
	Fisher	What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in	Was thera an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide? Del	
(State or country)	April .	Where did Injury occur?	
17. INFORMANT	ingamotto.	(Specify city or to Specify whather injury occurred In INDUSTRY, In HOME	wn, county and State) , or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL		Manner of Injury	
Place Lesson	t Date Flat 23, 19 35	Neture of injury	
19. UNDERTAKER Augus 1	7. · 8.	24. Was disaase or injury in eny way related to occupetion	
(Address)	whom to and	If so, specify	4
20. FHEOROD 22 19350	Harris Tolm	(Signed)	Darel M.D.
20. 100/2022-22.92, 182.9.	Registrar.	(Address) Occupe	land red

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPPAU V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



certificate.

back

instructions

See

important.

DEATH

OF

CAUSE

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I ettended deceesed from (or) WiFE of 6. DATE OF BIRTH (month, day, end year) 97 7. AGE Months Davs If LESS than to have occurred on the data stated above, at 1-30 6 The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total tima (yaars) this ogcupation (month and spant in this occupation 12. BIRTIIPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation_____ (State or country) What test confirmed diagnosis?_____ Was there en autopsy?_ MOTHER 15. MAIDEN NAME 23. if death wes due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?_______ Date of injury_______, 19 16. BIRTHPLACE (city or town) ____ (Stete or country) Whera did injury occur?___ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury ____Deta Nature of injury 24. Was disaase or injury in any way related to occupation of decaased? 19. UNDERTAKER (Address) If so, specify 16 20. FILED Registrar. (Address)

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	Example I	ii.	Example II	
The principal cause of of importance were as	f dcath and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	anno o acco	July 5,1927	Peritonitis	3 days ago
	DEPART V S	i i		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



PHYSICIANS should state

of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. FOR BINDING properly classified. TARGIN RESERVED AGE should be OF DEATH in plain terms, so that it may be mation should be carefully supplied.

Very important. See instructions on back of certificate.

CAUSE LION

V. S. No. 1

	CERTIFICATE OF DEATH	168
1. PLACE OF DEATH WITHIN CO.	RPORATE LIMITS 46	/
County allegans	Registration Dist No.	
Village or City & Sulland	No. St., St., St. St., St. St., St. St., St. St., St. St., St.,	- Ward
	s ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mer Esther Melens		
(a) Residence: No. 711 (e.c.l. of H	St., Sward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) While Tradamed	21. DATE OF DEATH 7.6. 9.193	3.5
5a. If married, widowed, or divorced	(Month) / (Day)	(Year)
HUSBAND of Getter Wilson	22. I HEREBY CERTIFY. That I attended dece-	ased from
6. DATE OF BIRTH (month, day, and year)	I last saw hand alive on Fat 9 , 193V; del	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at	
77' / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Housewalk SAWYER, BOOKKEEPER, etc. Housewalk	Carcinamy 7	te ol onset
SAWYER, BOOKKEEPER, etc. 71011111111111111111111111111111111111	Storesch 1	yen
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(acslay)	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Alisant and and	Other Contributory Canses of importence: General Ly	ment .
13. NAME Leonal & lehance		
14. BIRTHPLACE (city or town) Plansalane	Name of operation Date of Date	
(State of Country) / marke and	What test confirmed diagnosis? Wes there an autop	
15. MAIDEN NAME Jaka au Ganatte	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Oaka Com Gohniette 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Leaf Drils on (Address) 211 Centre of It	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place True T Date Let 12, 1930	Neture of injury	
19. UNDERTAKEN TO THE STATE OF	24. Was disease or injury In any way releted to occupation of deceased?	
(Adjuss) Chuland mol	If so, specify	
20. FILED TELL 1 240 30 Harry N Mars	(Signed) Creation per	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
12		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

-WRITE PLA

N. B.

CAUSE

1. PLACE OF DEATH	(30)	2
County Miligary	Registration Dist, No.	1
Village or City Freshold City	No. Mare & Hospital St., death occurred in a hospital or institution, five its NAME instead of street and	Ward
	ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME (Thea May Stil	son	
(a) Residence: ND. (Usual place of abode)	St. Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 2	, 193 5
5a. If married, widewed, or divorced	(Month) (Day)	(Yeer)
HUSBAND of Gor WIFE of Howard Wilson	22. HEREBY CERTIFY. Thet I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) Sept 30, 1898	l'last saw her alive on 2-9- 1935	; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the data stated ebove, at 8 23 P.m.	
36 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.5
8 Trade profession or particular	Exhaustion from	Date of onset
SAWYER, BOOKKEEPER, etc.	persisting vomiting.	INC
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (with add.	, a -	
10. Date deceased last worked et this occupation (might) and year) 11. Total time (yeers) spent in this year) 24	Not a fresperal ease. Eugo	
12. BIRTHPLACE (city or town) Smachusky	Other Contributory Causes of importance:	
(State or country) Ananyland	nephritis	31110
13. NAME John Stillrash Devaule		
13. NAME John Sollrasse Devault	Name of operation Dete of	
(State or country) manylatera	What test confirmed diegnosis? Was there er	n eutopsy?
15. MAIDEN NAME Wary Straffth Drills 16. BIRTHPLACE (city or town) — Desigland (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the followi	ing:
5 16. BIRTHPLACE (city or town) Drayuland	Accident, suicide, or homicide? Date of injury	, 19
S (State or country)	Where did injury occur?	
17. INFORMANT MAN Jensard Je grocke	(Specify city or town, county and SI Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC F	Ate) PLACE.
18. BURIAL, CREMATION/ OR REMOVAL	Manner of injury	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Place Oak Hell Corneterpore & lb 11, 1935	Nature of injury	
Oh L'Al		un
19. UNDERTAKER ALL COLORINA (Address)	24. Was disease or injury in any way related to occupation of deceased?	
2 10 Junity	If so, specify The Following	
20. FILED 193V UK. Parison	(Signed) Xon louise.	Zul.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BURPAII V S.			
Other contributory causes of importance:		Other contributory causes of importance:	GOST 13
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	OR FURTHER STATEMENTS BY PHYSICIAN
---	------------------------------------

1. PLACE OF DEATH		92-0	
County Allegane	1	Registration Dist. No.	
Village or City dittle O	rleans	No.	347
Langth of residence in city or town where death occurr	edyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and numbesds. How long in U.S. if of foreign birth?yrsmos	Ward
2. FULL NAME Mary	ann	Honker	0
(a) Residence: No.	I place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
- APV	MARRIED, WIOOWED.	21. DATE OF DEATH 2-/	
- V while m	ORCED (write the word)	TEV, 25, 193	5 Year)
5a. If merriad, widowed, or divorced HUSBANO of (or) WIFE of	Ken	22. of I HEREBY CERTIFY That I attended daceas	22-
170		TEA. / 1935 to JEL. 25 ,1	935
6. DATE OF BIRTH (month, day, end year)	24,1848	i lest saw here elive on FEL 24 ,1935; deet	th Is said
7. AGE Years Months Day		to have occurred on the date stetad above, at	
86 3	/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causas of importenca ware as follows:	
8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	sewite_	Of Oate	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate dacaased lest worked and this coverage of the state of the same of the sam	home	wome ensocialis 19	733
10. Oate dacased lest worked at this occupation (month and 11/1/1924)	Total tima (years) life spant in this life		
12. BIRTHPLACE (city or town) Pennsylv (State or country)	ama	Other Coatributory Causes of importance:	
13. NAME David De	neen		
13. NAME Varid De	rsen	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an autopsy	47
15. MAIDEN NAME Elizabeth	Hendershot	23. If death was due to external causes (VIOL ENCE) fill in also the following:	11
16. BIRTHPLACE (city or town) Pero Je		Accident, suicida, or homicide? Date of injury, 1	19
State or country)	acq	Whare did injury occur?	
17. INFORMANT M. K. Janke	ev me	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	0 100 480	Manner of injury	
Plece My Grown Go Wate	4.CB, X8, 19,34	Natura of Injury	
19. UNOERTAKER CASH Smith	700	24. Was disease or Injury In any way related to occupation of dacaased?	
(Address)	uh da	"If so, spacify	
20. FILEO/164 27, 1935	Mann	(Signed) L. alson	M. D.
	Registrar.	(Addrass) / Hancock m	1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 MM1 - 6	1		
	-		1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year